

**Chambers & Blohm Psychological Services, P.C.**

**AUTHORIZATIONS AND RELEASES**

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

**1. AUTHORIZATION FOR EVALUATION/TREATMENT**

I hereby authorize the professional in charge of the above named client to evaluate and administer treatment necessary or advisable.

**2. LIMITS OF CONFIDENTIALITY**

I understand the limits of confidentiality as outlined on the reverse side of this form.

**3. RELEASE OF INFORMATION FOR INSURANCE CLAIMS**

Chambers & Blohm Psychological Services, P.C. is authorized to release all or part of the client's medical record to any person or corporation which is or may be liable for any part of the clinics charges, including but not limited to, hospital or medical service companies, insurers, compensation carriers, or government agencies. It is understood that photo copy of this form is a valid authorization for release.

**4. ASSIGNMENT OF INSURANCE BENEFITS**

I hereby authorize payment of any insurance benefits arising from policies insuring the client or any party liable to the client, directly to Chambers & Blohm Psychological Services, P.C. I understand that I am financially responsible for any charges not covered by this assignment.

**5. FINANCIAL RESPONSIBILITY**

In consideration of the services to be rendered to the client by the provider, the undersigned guarantees that payment of any amount due. I have read the Statement of Financial Understanding on the back of this form and I assume financial responsibility for the expenses of the above named client.

**6. MEDICARE SIGNATURE ON FILE**

I hereby authorize payment of Medicare Benefits be made either by me on my behalf to Chambers & Blohm Psychological Services, P.C. for any service furnished me by the listed provider. In Medicare assigned cases, the provider agrees to accept the charge determination of the medicare carrier as the full charge, and the client is responsible only for the deductible, coinsurance and noncovered services.

**7. VALUABLES**

The client is responsible for retention of personal articles, Chambers & Blohm Psychological Services; P.C. will not assume responsibility for the loss of client's personal articles. (e.g., money, jewelry, eyeglasses, dentures, hearing aids, clothing, and fur garments, etc.)

**8. CERTIFICATION**

I hereby certify that I have read each of the above statements, have had each item explained to me to my satisfaction, have received a copy of the foregoing and being the client, guarantor, or being duly authorized by the client, do agree and accept its terms.

\_\_\_\_\_  
Client or authorized signature

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

*Please **READ** each item, **INITIAL** each item and then **SIGN** and **DATE** on the bottom of this form.*

# **Chambers & Blohm Psychological Services, P.C.**

## **STATEMENT OF FINANCIAL UNDERSTANDING**

### **BILLING POLICIES**

As a service to our clients, Chambers & Blohm Psychological Services, P.C., is capable and willing to assist you with filing of insurance claims and answering any billing questions. All information requested is necessary for the proper processing of claims, and to speed up the billing process. Without this information, the bill will be sent directly to you.

Chambers & Blohm Psychological Services, P.C. will not accept the responsibility for collection of insurance claims or negotiate settlements in disputed claims. Please recognize that you, the client is responsible for the bill. If problems arise in the processing of these claims we will provide any assistance possible.

### **MEDICARE BENEFITS**

Chambers & Blohm Psychological Services, P.C. is a participant in the Medicare Program and does accept Medicare assignment. We will be happy to submit any balance following payment from Medicare to your supplemental insurance providing complete information is furnished.

### **WORKERS COMPENSATION**

North Dakota Workers Compensation claims are submitted directly to the Workers compensation Bureau by Chambers & Blohm Psychological Services, P.C. If the Workers Compensation is through another state, the claim will be completed by our office and sent directly to you for submission to your individual Workers Compensation Insurance Fund.

### **NO FAULT**

If your visit to the clinic is due to a motor vehicle accident, you will be asked for the name and address of the insurance company along with the claim number and date of accident. If you cannot provide this information, we will consider the balance your responsibility.

### **PAYMENT PROCEDURES**

Benefits paid directly to Chambers & Blohm Psychological Services, P.C. are credited to your account and will be notified on the statement of any balance due.

When benefits are payable directly to, you are responsible for submitting that payment to the clinic. At that time your account will be credited and you will be notified on the next statement of any balance due.

We understand there are clients who have financial difficulties and encourage them to discuss their situation with us so payment arrangement can be made.

Chambers & Blohm Psychological Services, P.C. will not extend credit to a client who fails to make payments, unless you consult with our office. These accounts may be turned over to an outside agency for collections. Payment arrangement can be made by calling (701) 323-0924.

### **CONFIDENTIALITY**

The staff of Chambers & Blohm Psychological Services, P.C. does everything possible to assure your confidentiality. Your limits to Confidentiality may be limited by law or regulations in some situations, such as;

1. the person who is a harm to him/herself or others;
2. disclosure of suspicion of child abuse or neglect previously unreported;
3. a court ordered request for records, or
4. access by the support staff directly providing your care or completing quality assurance activities

Other considerations:

1. in the case of a minor or child, we reserve the right to communicate with client or guardian;
2. older children, especially teens, will be allowed the same privacy as an adult; parents/guardians will be offered suggestions in enhancing their care.
3. **CELL PHONES:** Cellular telephones and cordless telephones are UNSECURE. Chambers & Blohm does not recommend using any cellular and/or cordless telephones to communicate with any of the providers regarding mental health issues. It is to be understood if you choose to communicate with any provider over any cellular telephone or cordless telephone regarding mental health issues Chambers & Blohm Psychological Services is NOT RESPONSIBLE for any over heard conversation that occurs over the electronic waves/transmission of the cellular telephone or cordless telephone.