

# Chambers & Blohm Psychological Services, PC

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## OFFICE PROCEDURES AND BILLING POLICIES

Chambers and Blohm will submit claims to the client's insurance provider. In order to do so, a copy of client's insurance card will be made. It is the client's responsibility to notify the office of any change in address, phone number, or insurance carrier. If client **DOES NOT HAVE INSURANCE** we require payment prior to receiving mental health services.

If you have a **co-payment** for visits, the **co-pay is due the day services are rendered.**

Our office will bill client the balance after insurance payments are received. Payments are expected 15 – 30 days after receipt statement. Treatment will be suspended and no additional appointments will be scheduled until account balance is paid in full, or other arrangements have been made.

### **MEDICAID; SANFORD EXPANSION COPAYMENTS:**

There is a \$2.00 co-pay for Medicaid recipients (co-pays do not apply to children).

Co-pays are due the day services are provided. If co-pay is not received prior to the appointment, it will be charged to client's account and treatment paused until co-pay balance returns to zero.

### **PLEASE NOTE: COLLECTION PROCEDURES:**

Client will be sent statements monthly. Client will be notified if the balance is past due. After 60 days with no payments or effort to arrange payment, services will be terminated. Overdue accounts will be turned over to our collection agency who will seek payment. If client account is turned over to collections and client requests to return for services, exception may be made; however, the commission fees paid to the collection agency will be billed back to client account.

### **NO SHOW POLICY:**

We ask that our office be notified as soon as possible if client is unable to keep an appointment. We would prefer 24-hour notice. This allows us to reschedule other clients to access the time slot. After three consecutive cancellations and/or "no shows" services may be terminated, per discretion of the provider or business manager.

### **MINOR CHILDREN:**

The office and employees of Chambers & Blohm **are not** responsible for minor children left in the waiting room area unattended.

### **VALUABLES:**

The client is responsible for the retention of personal articles. Chambers & Blohm Psychological Services, P.C. will not assume responsibility for the loss or any damage of client's personal articles (e.g. money, jewelry, eyeglasses, dentures, hearing aids, cell phones or other electronic devices, or clothing, etc.).

***\*\*\* Please see back of page for additional information and required signature.***

**TERMINATION OF SERVICES:**

- (a) Providers may terminate services when it becomes reasonably clear that the client no longer needs or no longer benefiting from the service.
- (b) Provider will terminate therapy when threatened or otherwise endangered by the client or other person with whom the client has a relationship.
- (c) Services will be terminated for failure to comply with billing policy.
- (d) Services will be terminated if the client's outstanding balance has been turned over to collections.
- (e) Services will be terminated if a client has filed bankruptcy and there is an outstanding account balance.

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION  
& ASSIGNMENT OF BENEFITS**

Chambers & Blohm Psychological Services, PC is authorized to release confidential mental health/behavioral health/chemical dependency/protected health information to the following; third party payers, insurers, Social Security Administrators, and Medicare.

The client and individual legally obligated to pay for mental health services agrees to pay and is financially responsible for services provided.

**I assign and authorize any third party payer/insurer to make direct payment to Chambers & Blohm Psychological Services, P.C. I authorize the refund of overpaid insurance benefits to the insurance company.**

**I acknowledge that I have read the front and back of the office procedures and billing policies of Chambers & Blohm Psychological Services, P.C. and have agreed to their terms.**

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**Client Signature (or Guardian)**

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**Print Name**

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**Date**