

MIDWEST ADDICTIONS PSYCHIATRIC & PSYCHOLOGICAL SERVICES (MAPPS) Financial Responsibility Agreement

The staff of MAPPS is committed to providing you with quality, cost-effective service delivered in a timely and compassionate manner. In order for MAPPS to continue with our commitments to patients, quality and service please take a few moments to read the Financial Responsibility Agreement.
Thank you for choosing our office.

1. I understand and agree that I am responsible for the payment of my (and/or my dependent's bill) service rendered. I agree to pay all charges at the time of service. MAPPS will, as a courtesy, agree to file a claim with my insurance company or worker's compensation according to item number 2-3 below.
2. I understand that my insurance policy is a contract between my insurance company and myself. Any questions I may have concerning my insurance benefits should be directed to my insurance representative. In order to process my claim, I hereby authorize MAPPS to furnish information concerning my services to insurance carriers, Medicare, The Bureau of Worker's Compensation as appropriate.
3. I understand that MAPPS currently files with most major insurance plans. However, this does not guarantee my insurance will pay all or part of my bill. **It is my responsibility to verify participating providers and coverage with my insurance company. It is also my responsibility to verify if my insurance company requires prior authorization.**
4. I understand that charges for my care will depend on my diagnosis and what must be done to provide appropriate, quality treatment. If I received a charge estimate over the telephone, it was an attempt to provide me with information I requested; but, because I have not been evaluated, such estimate is not a guaranteed price. In addition, all bills are subject to review by qualified billing and medical coding professionals, who may determine that additional charges or a refund may be due; thus, initial charges may not reflect my final bill.
5. If there is a balance due on my account and I have not paid according to the terms above, my account may be turned over to a collection agency to collect the balance and I will be responsible for any collection or attorney fees incurred.
6. In regard to treatment of minors, a divorced parent or legal guardian who accompanies a minor and gives permission for treatment is responsible for payment of the bill. This applies even if another parent/guardian has been determined by court settlement or judgement to be financially responsible. Both parents are jointly and separately responsible for payment of a minor's treatment.
7. If you determine you cannot keep a scheduled appointment, please call to cancel 24 business hours in advance. You understand there may be a charge for all missed appointments should you fail to call and cancel.
8. You understand if your check is returned due to Non-Sufficient Funds (NSF), your account will be assessed a \$40.00 NSF fee.

Medicare:

As a Medicare participant, you further authorize MAPPS or other holder of medical or other information about you to release such information to the Security Administration and health Care Financing Administration or its intermediaries or carrier, as needed, for this or any other Medicare claim. You permit a copy of this authorization to be used in place of the original, and for payment of medical insurance benefits either to yourself or to the party who accepts assignment. Furthermore, as a Medicare beneficiary, you understand that as part or all of the services provided by MAPPS may be non-covered by Medicare, and if so, you accept responsibility for payment of the non-covered charges.

Medicaid (Hoosier Health):

As a Medicaid participant, you understand and agree that you are responsible for informing MAPPS if your (and/or dependent's) Medicaid lapses. You understand if your (and/or your dependent's) Medicaid lapses you are responsible for the payment of your (and/or dependent's) bill for services rendered. You understand if you (and/or my dependent's) have just been enrolled for Medicaid it is considered not active and you are responsible for the payment of your (and/or dependent's) bill for services rendered. Furthermore, as a Medicaid member, you understand that a part or all of the services provided by MAPPS may be non-covered by Medicaid, in this case **you will accept responsibility for payment of the non-covered charges.**

Additional Charges:

There may also be additional charges for any forms to be filled out, letters sent, and prescriptions phoned in to pharmacies or other services not a regular part of treatment.

ADDICTION PROGRAM:

The cost will be **\$25.00 per hour per session.** You are fully responsible for payment of your account according to item number 2-4 if filing with insurance. **The total amount paid to MAPPS by you and your insurance company will never exceed the cost for treatment.** Any overpayment will be refunded to the appropriate party upon completion of insurance payment and or treatment. A payment **is required** for your treatment program, regardless of the type or amount of your insurance coverage if .

If you choose not to return for treatment after my initial assessment, the initial assessment fee will be **\$100.00.** If at any point throughout the treatment you choose to discontinue your Addiction treatment at MAPPS you will be responsible for all sessions you attended including the initial assessment. If you are a carrier of Medicare/Medicaid your charges should be covered and you will be responsible for your account as stated above.

Not included in the fee set for your treatment are any Drug/Alcohol screens (payment in full is required at the time of service), Aftercare, Individual therapy sessions, Medication Management, Psychological testing, and Antabuse distribution.

I HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT

Signature of Responsible Party

Date

Print Name Responsible Party

Date

Print **Patient** Name (if not same as responsible Party)

Date