

## PAS FINANCIAL POLICY/INSURANCE CLAIM POLICY

Welcome to Psychological Assessment Specialists. Our clinic looks forward to assisting you and making your visit with PAS a pleasant one. We will do all that we can to properly collect insurance information and then bill your insurance, but please know that it is a courtesy to do so. Please inform us of any changes to your address, insurance policy, employment status, or any other information pertinent to collecting payment of services. Failure to do so causes erroneous billing procedures and prolongs the billing process. You will be responsible for your bill while the errors are being corrected. Please inform PAS of ALL your insurance policies. If you do not inform PAS of a primary insurance, especially one that requires prior authorization or EAPs, the secondary may refuse to pay. If this occurs, you will be responsible for the entire bill.

### PLEASE READ AND INITIAL

- 1) **You, the patient, are responsible for the payment of ALL SERVICES that you receive from PAS at the time of service. THIS INCLUDES all Co-pays, deductibles, or co-insurance. It is your responsibility to know your insurance contract benefits, assure payments are made to PAS by your insurance, and to negotiate with your insurance company over any disputed claims.**
- 2) **Please note that mental health services may be part of, separate, or completely disallowed from your health insurance policy.**
- 3) **If you do not have insurance coverage, payment is due at the time of service unless other arrangements have been made with the PAS Billing Specialist. Monthly payments are required to keep an account current. If paid in full on the date of service, in cash, you will receive a 10% discount.**

**Attention Medicare Patients:** You may request payment for any authorized Medicare benefits/service be made to you or on your behalf to PAS. By signing below you are authorizing PAS to release any of your medical information to CMS and its agents necessary to determine benefits and process claims payable to PAS.

Our fees are determined in part by "usual and customary" methods and are considered fair and representative of fees in our geographic area. PAS will accept cash, checks, credit card or debit card transactions. Insufficient funds will be assessed a \$20 dollar return check fee.

All accounts 60 days past due will be assessed a FINANCE CHARGE (1.5%) each month, with a minimum charge of one dollar. All accounts must be paid in full within **6 months**. If no payment is received after warning and reasonable effort has been made to obtain payment, your account will be turned over to our collection agency, Medical Recovery Service.

Please feel free to discuss any questions or concerns you may have with the office staff. We will be happy to assist you and, if necessary, direct you to our billing specialist for assistance in payment arrangements. If you would like a copy of this policy, the front staff will provide one to you.

By signing below I authorize (1) my insurance company(ies) to make payments directly to PAS, PLLC (2) PAS to release any information necessary to process any claim(s) on my behalf (3) I also understand that I am choosing PAS as my mental health clinic provider (4) you or any one accompanying you agree not to bring firearms, knives, illegal drugs, or any other dangerous substances into the clinic

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Patient Name

DOB

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Signature of Legal Guardian

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Person Responsible for the Account

Relationship to Patient