

KINGWOOD PSYCHIATRY

19701 Kingwood Drive, Bldg 3
Kingwood, Texas 77339
Phone 281-358-5701
Fax 281-358-7061

AUTHORIZATION AND ACKNOWLEDGEMENT

_____ I hereby authorize Kingwood Psychiatry to release information acquired in the course of my treatment to my insurance company, employer based health plan, or third- party payer as required of claims filed, quality assurance, health plan administration, complaints/ grievances. I authorize direct payment to be made to Kingwood Psychiatry. I understand that I am responsible for all charges if any services are not covered by insurance or Kingwood Psychiatry is unable to verify eligibility. I grant Kingwood Psychiatry the rights to coordinate benefits with other insurance coverage and to collect against another party for reimbursement of expenses, if my visit is reimbursable by that's party.

FINANCIAL POLICY

_____ Thank You for choosing Kingwood Psychiatry for you health care needs. Please carefully review our financial policy. Our Business office is available to answer any questions you may have regarding our financial policy or your payment responsibilities. They can be reached at 281-358-5701.

INSURANCE SERVICES

_____ The Office participates with many health plans. AS A COURTESY TO OUR PATIENTS, we will file claims with these companies; however, it is ultimately your responsibility for the full and timely payment of your account. Please be prepared to submit your current insurance card at each visit. A scanned copy of this card may be kept as part of your permanent record. Please also provide the office with up to date contact information including your home address, telephone number, and emergency contact information.

The office will attempt to verify coverage and benefits prior to your visit with the physician. If we are unable obtain a verification of coverage you will be asked to pay in full or reschedule your visit at a time the verification can be obtained. This verification will be used to estimate your financial responsibility; however, this verification is not a guarantee by your health plan of coverage or payment. Payment of your estimated patient liability is expected at the time services are rendered. This payment will include know deductibles, copays, and co insurance due for this visit and/ or physician hospital charges. While we may estimate your financial responsibility, it is the insurance company that makes the final determination regarding your eligibility and benefits. In the event that your insurance company fails to pay, all or in part, you will be expected to pay the balance in full.

Please be aware that certain diagnoses may not be covered or may be considered; not medically necessary" by your health plan. You are responsible for payment of these services. Please also be aware that many health plans limit annual coverage. In the event your care exceeds a plan limitation, you will be responsible for the balance. It is your responsibility to know the benefits and limitations of you current health care coverage. Kingwood Psychiatry will provide care based on the patient's needs, not a patient's insurance coverage. Your Physician is NOT responsible for knowing your plan's specific benefit and coverage limitations.

NEW INSURANCE

_____ Please notify our office at least 24 hours in advance if your insurance has changed or your current policy has changed. 24 hour notice if required as most insurance plans require the physician to obtain on authorization in advance. Failure to give 24 hour notice will result in paying cash for that days visit. Delays in getting the new insurance or correct information will delay payment from your insurance company and may result in a denial and possible non-payment.

FAILURE TO CANCEL APPOINTMENT/ NO SHOWS

_____ The office will charge a \$35 No Show Fee for failure to arrive at scheduled appointments. In order to cancel an appointment you MUST call 24 hours in advance to allow time for our office to fill that appointment time. Failure to give 24 hour notice on a canceled appointment will still incur a \$35 charge. The 24 hours does NOT include non-business days or hours.

PAST DUE ACCOUNTS

_____ If your account becomes past due we will take necessary steps to collect this debt. Referral to a collection agency may adversely impact your credit record. Accounts turned over to collection agencies may also result in you being dismissed from Kingwood Psychiatry. A representative in our business office is available to answer any questions you may have regarding your account or set up payment arrangements.

NSF CHECKS

_____ If a check is returned for insufficient funds, account closed, or payment is stopped, your account will be charged a \$35 fee. In the event that this happens, you will be required to pay cash for future visits.

COPAYS

_____ All copays are due at the time services are rendered. If unable to pay your copay, please contact the Business Office BEFORE your appointment to make arrangements.

MEDICATION REFILLS

_____ All medicines will be refilled ONLY at the time of appointment. If you miss an appointment, we will not refill medicines. You will need to schedule an appointment for the next available appointment in order to refill medication.

MEDICATION CHANGES

_____ Any medication changes will require an appointment. You will need to schedule an appointment for the next available appointment.

APPOINTMENTS

_____ Due to the high volume of appointment being made, please schedule your follow up before leaving our office. This is the only guarantee you will get in before you run out of your medicines. Waiting to schedule your appointment may result in missing your return to clinic date and/or medications running out.

I acknowledge receipt of Kingwood Psychiatry's Policies and I certify that I understand these policies. Any questions have already been explained. I am aware that these policies may change at any time.

Patient's Name

Date of Birth

Name of Responsible Party if Patient is a Minor

Relation to Patient

Signature

Date