

PROGRESSIVE COUNSELING CENTER

PATIENT RESPONSIBILITY FORM

Payment Policy:

It is our policy to collect the appropriate payment due from the patient at the time service is rendered. This includes co-payment or "co-pay", deductible and/ or co-insurance according to your health insurance company benefit plan. These amounts will be collected when you check in for your appointment.

All patients with no medical insurance or "self pay patients" must pay for services before being seen.

*******IF PAYMENT IS NOT MADE AT THE TIME OF SERVICE, YOU MAY NOT BE SCHEDULED ANOTHER APPOINTMENT UNTIL PAYMENT IS RECEIVED. *****

Patient Medical Billing Process:

The billing staff, as a courtesy to you, will submit a medical bill to your primary health insurance company for processing. **It is important to give your updated information to the front office staff.** Your complete and current information is needed to submit an accurate claim to your health insurance company. The remaining amount on the claim will be sent to your secondary health insurance company, if provided, after payment is received from the primary health insurance company.

You are responsible for any outstanding balance, such as non-covered charges as outlined in you health insurance policy. The billing staff will mail you a statement that contains the remaining cost of your service received during your visit after any/ all insurances are billed and payments are processed. Payment is due within 20 days of the date on the statement. We accept cash, check, MasterCard, Visa and Discover.

For questions about your bill, please call 330-629-2888 ext.121 Monday through Friday between the hours of 8am and 4pm.

I acknowledge receipt of this notice and I am aware that if my copay, deductible, Co-insurance amount or self pay charge is not paid at the time of service I may not be able to schedule another appointment until my payment is received.

Print & Sign Name

Date