HAMPTON MENTAL HEALTH ASSOCIATES 2208 EXECUTIVE DRIVE, SUITE A-E HAMPTON, VA 23666

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your health treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require that you read, and sign prior to any treatment.

ALL patients must complete our Information and Insurance form before seeing the doctor or therapist.

******FULL PAYMENT IS DUE AT THE TIME OF SERVICE***** ****We accept Cash, Checks, or Visa/MasterCard******

Regarding Insurance:

We may accept assignment of insurance benefits. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us a correct insurance information and original identification card (copy). Please be aware that some, or perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or medical insurance. If we are not a participating provider, we are not a party to that contract, so unpaid balances will be your responsibility.

Regarding Insurance Plans where we are a participating provider:

All co-pays and deductibles are due prior treatment. In the event that your insurance coverage changes to a plan where we are not a participating provider refer to the above paragraph.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment <u>regardless</u> of any insurance company's arbitrary determination of usual and customary rates.

Regarding Records Request:

For Medical Records Requests, the minimum fee is \$15.00, which incorporates a \$10.00 handling fee fee and the first 5 pages, then it is .50 per page for every additional page up to 50 pages and .25 per page for all additional pages thereafter. Medical Records take 7-14 days to process. If a request is made to transfer records to a new provider, the fee is waived. There is a \$15-\$25 fee for any forms that need to be filled out by a doctor or therapist (i.e. DMV, Insurance, Disability, ETC.)

Missed Appointments:

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of <u>\$50.00</u>. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know your questions or concerns. HMHA reserves the right to increase the amount charged for returned checks, missed appointments, and medical records requests. Your signature below agrees to these terms. Your signature below indicates that you have read the Financial Policy. You understand and agree to this Financial Policy and agree that if your insurance company requires Pre-Authorization before treatment and you fail to comply you will be responsible for the charges incurred.

X			
	Signature of Patient	Date	
X			
	Signature of Parent or Guardian	Date	