



Consent to Treatment Billing Policy and Payment Arrangement

Signing of this form acknowledges and agrees to the following:

- A. I have been informed by my therapist of the general nature and purpose of services, hours during which services are available and procedures for follow up after discharge.
- B. Outpatient consent to treatment at LMPRC.
- C. Cost of treatment, billing policy and payment arrangement.

Payment In Full is due upon receipt of service unless insurance is being billed. Any balance remaining (co-pay, deductible, etc.) after the insurance payment is received is due immediately. Please be advised that all accounts with a balance overdue 30 days or more may be subject to a *Service Charge* in the amount of 1.5% per month.

Insurance Claims are filed as a courtesy to our clients; however, complete insurance information must be provided in order to submit a claim. In addition, **LMPRC Does Not Accept Responsibility For Collecting Or Settling A Claim.** It is the **Client's Responsibility** to determine what, if any, benefits are available for mental health and addiction services.

MasterCard/Visa are both accepted at LMPRC.

Clients will be charged for *Missed Appointments* not cancelled at least *24 hours in advanced*. All charges will be the *client's responsibility*. Insurance will not pay for missed appointments.

Fee Contract

I have read the above clinic policies regarding payment for services. I understand that I am responsible for immediate payment of any outstanding bills and I am also responsible to any agreements made here with my therapist.

Client Signature

Therapist/Doctor Signature

Date

Date