



500 W. Central Rd.
Suite 200
Mount Prospect, IL, 60056

Welcome to Ramos & Associates Behavioral Health Clinic

Practice Policies

So that we may better serve all of our clients, please follow these required guidelines:

- Please notify us immediately upon making any **changes to your address, phone number, and/or insurance coverage**. Failure to promptly notify us of changes may result in future billing and/or treatment difficulties.
- In the **case of a minor or adult under guardianship, a parent or legal guardian must be present at the first appointment**. If you are not a biological parent, you will need to provide proof of guardianship. Please do not bring other children with you to this appointment as they cannot be left unattended.
- **Copayments, deductibles and account balance payments should be made prior to your appointment**. We accept cash, credit (Visa, MasterCard, American Express and Discover), cashier checks, money orders and personal checks. We reserve the right to limit acceptance of personal checks at any time.
- If you **do not have your payment** that is due, please **reschedule** your appointment.
- If you are **unable to keep an appointment**, please notify us a minimum of **24 hours in advance**. Failure to notify or a late cancellation may result in a **cancellation fee of \$20** being charged to your account at the discretion of the scheduled clinician. If you reschedule and cancel again, no further appointments will be scheduled.
- Your **insurance coverage is your responsibility**. We will bill your insurance on your behalf as a courtesy to you, but it remains your responsibility to ensure your insurance company issues reimbursement for services rendered in a timely manner, including arranging any documentation (such as referrals and authorizations) required for claim payment. You are held responsible for any unpaid claims.
- The Clinic reserves the right to refuse patients based on census.

Thank you for your cooperation

Please sign below to indicate you have read and understood the practice policies of Ramos & Associates Behavioral Health Clinic.

Signature of Patient

Signature of Parent/Guardian
(if patient is a minor or otherwise applicable)

Date

Staff Member Witness

Date

02.20