



Addiction Care of Excellence
An Outpatient Medical Recovery Program

Financial Policy

Patient or responsible party for the patient is responsible for payment of all charges, and the payment is due at the time of service. Please understand that duly payment is considered a part of our service. The following statement explains the financial policy that we ask you to read, sign and return to us prior to receiving our service.

Acceptable Payments

- Credit cards (Visa, Master, and American Express), Cash, or money order in US fund.
Direct payment from insurance carrier or carriers through arrangement.

Cash payment

A receipt and, if applicable, information for patient to bill insurance carrier or carriers are provided. The patient determines the extent of disclosure of medical information. If provision of medical information requires excessive personnel service or material expenses, the patient may be charged for the service and expenses at our discretion.

Insurance

Billing insurance carrier or carriers for medical service is a complex process that incurs significant cost. In order to relieve this burden from patient, we offer a billing service at our own expense. If patient decides to use our billing service to pay for our medical services, she or he must

- provide accurate, complete and up to date personal and insurance information prior to receiving service,
pay all applicable co-pays, personal balances, both current or prior, at the time of service, and
sign and date the Patient Insurance Authorization Form.

Please understand that the billing service from Dr. Norleans is a courtesy. Patient or the guarantor, the person who is financially responsible for the patient, is ultimately responsible for all charges, including those not covered by the insurance carrier or carriers. It is the responsibility of patient or the guarantor to understand and comply with any predetermination of benefits or referral requirements with the insurance carrier or carriers. Please be aware that some, and perhaps all, of the services provided might be non-covered services, and many not be considered medically necessary by your insurance carrier or carriers.

Usual and Customary Rates

We are committed to medical care of high quality. We charge what we believe to be reasonable and customary fees for our services. We believe our fee schedule is competitive for our specialty in our region. Dr. Norleans participates in Medicare and several other commercial insurance plans. With these participated plans, the actual charge may vary slightly from our standard fee schedule, depending upon our agreement with individual insurance carrier. For non-covered services, we charge by our standard fee schedule and the patient or the guarantor is responsible for the charges.

Missed Appointments

Unless canceled at least 24 hours in advance, \$50 may be charged for a missed appointment at our discretion. This fee is not covered by insurance, and therefore, it will be your personal responsibility.

Past Due Accounts

Overdue accounts will be referred to a collection agency. Legal fees that we pay to secure past due balances will be added to your account.

Co-Pay Balances

Payment for co-pays is expected at the time of service. This fee is not covered by insurance, and therefore, it will be your personal responsibility.

Returned Checks

A \$25 fee will be charged for checks returned to us as unpaid by your bank.

I have read the Financial Policy. I understand and agree to the Financial Policy.

Print Name

Signature

Date