



United Psychological SERVICES

Financial Agreement

1. All payments are due at the time of service. As a courtesy, your insurance will be billed accordingly. We accept cash, checks, Master Card, Visa, and Discover. If an adolescent is sent on their own (with parent permission), to our office; they are expected to bring any payment (co-pay, balance, etc.), with them.
2. A schedule of fees rendered is available at the front desk. You may or may not be reimbursed by your insurance company for these fees.
3. If you have BCBS Master Medical, your balance is payable at the time of service. We will courtesy bill your Blue Cross plan. Your reimbursement check will be sent to your home.
4. It is your responsibility to know which laboratory, imaging center or emergency center your insurance participates with. If your insurance company requires specimens to be sent to a specific lab, if you need an X-ray, or you need to go to the ER, it is your responsibility to know the participating laboratory, imaging center, or emergency department.
5. If you participate in a Managed Care or HMO program, you may be required to obtain referrals for outside services. You will be responsible for knowing what your plan requires and what your benefits are. If you seek specialty care without prior authorization or referral, you will be responsible for all related charges.
6. All accounts overdue by more than 90 days without payment may be turned over to a collection agency. If you encounter financial difficulties, please contact our office to discuss payment options.
7. Medicare part B pays for services that are determined to be reasonable and necessary under section 1862 (a) (1) of Medicare Law "Medically Necessary". If a particular service is not considered "Medically Necessary", it may be denied by Medicare Part B and becomes the patient's responsibility.
8. Your physician/ practitioners are here to handle your medical care. They are not experts on insurance. It is your responsibility to know your coverage. Failing to comply with the recommendation could result in you, the patient, being responsible for all costs incurred.

Your insurance coverage is a contract between you and your insurance company, not between the insurance company and our physician/practitioners. Therefore, we expect prompt payment at the time services are rendered.

Print Name: _____

Signature: _____

Date: _____