

**NEW PASSAGES**  
**OUTPATIENT MENTAL HEALTH: CONSENT TO TREATMENT AND PAYMENT POLICIES**

**Payment Is Due At Time Of Service:** All fees must be paid at the time of service. If you do not pay at the time service is rendered, your next scheduled visit may be rescheduled until the balance is paid in full. Balances owed from previous visits are expected to be paid in full at the time of your appointment. If a parent or another party takes responsibility for payment, the patient is still required to bring that payment to the appointment.

**We Accept Cash, Checks, And Visa/MasterCard:** There is no change available for cash payments. A \$25 service charge will be assessed for any checks returned by a bank for insufficient funds. After two consecutive returned checks New Passages reserves the right to require all future payments be made in cash or with a credit card.

**Cancellations Require 24 Hours Advance Notice:** When an appointment is scheduled, that time is reserved for you. Full fee will be charged for failure to cancel within this time frame. Our answering machine is available to relay cancellations when the Business Office is closed. Emergencies may be excluded from this charge at the discretion of the therapist.

**Emergency Calls:** Effective August 1, 2007, New Passages will no longer provide on-call telephone services after hours and on weekends. If you are calling weekdays after 5PM or on the weekend, you will reach our answering machine. If you are experiencing an emergency where seconds count, contact your local emergency room, crisis intervention, or 911. If your call is not an emergency, please leave a message including your name, numbers, and your reason for calling and someone will return your call the next business day. If you want your therapist to know that you are running late or unable to attend an appointment scheduled for that evening, our evening staff will periodically check our answering machine and notify your therapist as soon as possible.

**Sliding Scale:** There are certain situations in which a sliding scale fee may be offered to an existing client. However, please be advised that this option is reserved only for those patients who have *NO INSURANCE COVERAGE*. Patients covered under a plan with which neither the practice nor provider participates will not be considered for a sliding scale fee.

**Payment Plans:** Payment plans will only be offered after a financial review by our billing department and must be documented in writing.

**Collection Activity:** Collection activity will be pursued when a balance is 60 days old. A \$40 fee will be assessed to each account turned over to collection. Be advised that your confidentiality regarding billing information will automatically be waived if your account is turned over to a collection agency. If your account is in collection, any appointments you have scheduled will be cancelled and no further appointments will be made until the balance is paid in full. New Passages reserves the right to bill in advance for scheduled appointments for those accounts that have previously been in collection.

**Mandatory Check-Out At Business Office:** All patients are required to check out at the business office window, unless instructed otherwise by their therapist. We realize this may result in having a line at the check out window and will make every effort to minimize your wait time. We ask that you wait patiently and be respectful of the confidentiality of others in line.

**Insurance Benefits and Billing:** Health insurance is a contract between you and your insurance company. For those companies with which we participate, we will file claims as a courtesy to our patients. However, *we cannot bill your insurance unless you provide a copy of your insurance card and have completed the "Patient Information" and "Insurance" sections of our Welcome Form.* We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, coinsurance, covered charges, secondary insurance, "usual & customary" charges, etc., other than to supply factual information as necessary. If you choose to use your insurance benefits *YOU* are responsible for calling your insurance company to obtain co-pay, deductible, and benefit information. If there is no documentation regarding the amount of your co-pay, \$25.00 per session is required until information is received from your insurance company. Overpayments will be refunded. Consult your member handbook for details regarding your specific health care plan. It is your responsibility to be aware of your plan's annual visit limits, deductible amounts, percentage of charges your insurance will pay, and non-covered services. If there is not a mental disorder diagnosis, you are responsible for full payment. New Passages bills neither secondary insurance nor those companies with whom we do not participate. You will be provided with an invoice for services that contain all information necessary for you to bill your claims.

**Medicare:** New Passages will bill Medicare for services rendered, as a Medicare non-participating provider, on the patient's behalf. The patient is responsible for payment of the full fee at time of service. Medicare will send a denial letter to the patient upon completion of claims processing.

**Minor Patients:** In the case of divorced or separated parents, the person accompanying the child or children is responsible for payment at the time of service. If there is a court order in effect, and payment is not made in advance by the party responsible per the court order, payment must be made at the time of service by the adult accompanying the minor and reimbursement will be the responsibility of the parties involved.

**I CONSENT TO RECEIVE TREATMENT for therapeutic/psychological services through NEW PASSAGES.**

**This is to certify that I have read, understand, and have been given a copy of this document.**

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

New Passages OMH Form Version: ( DR )