

Produce Opportunities Which Embrace Rehabilitation, (POWER) LLC

Private Practice - Virtual Office Location

Office Telephone: (410)240-4174

Email: powerprivatepracticellc@gmail.com

Financial Policy – Policy Statement

I would like to thank you for choosing POWER LLC., and allowing me to provide your mental health care and needs. The policies listed herein have been approved by management with the goal of providing premium quality care and service to patients at affordable cost.

Care delivered by POWER LLC., will be administered regardless of race, color, creed, social status, national origin, handicap, or sexual orientation.

I am committed to providing you with the best possible care. In order to accomplish this, I will need your assistance in reading and understanding your financial responsibility and the payment policy.

The Administration and Management welcomes the opportunity to discuss any aspects of the financial policy. I appreciate your confidence and strive to provide quality healthcare.

Responsibility For The Bill

It is the expectation that all patients/guarantors receiving services are financially responsible for the timely payment of all charges incurred. POWER LLC., will file verified insurance for payment of the bill(s) as a courtesy to the patient. The patient/guarantor is ultimately responsible for payment and agrees to pay the account(s) in accordance with the regular rates and terms in effect at the present time.

It is the responsibility of the patients/guarantors to present timely and accurate insurance information. Any lapse of insurance coverage will result in patient/guarantor responsibility for any charges incurred during such period.

Payment Arrangements

POWER LLC., will make a reasonable effort to assist patients in meeting their financial obligations. Financial arrangements for payments will be made by the Director of Finance and Compliance.

Release of Information

By signing our release of information form, you provide us with the authority to release such information as is necessary to collect from insurance companies and other third-party payers.

Client Responsibility

Balances are due within 30-days of the insurance payment, unless other satisfactory arrangements have been made with POWER LLC.

Not all services are covered by all insurance companies. It should be understood that by accepting the services(s), the patient is responsible for payment regardless of the fact that insurance covers the service or not.

POWER LLC., cannot become involved with any third-party liability matters and must always look to the patient/guarantor for payment of the bill.

Outstanding Bills

POWER LLC., reserves the right to request deposits, co-payments, deductibles and payments for outstanding balances. Deposits will be based on the outstanding balances plus the patient's share of the bill for the new services to be performed.

Healthcare Liens

POWER LLC., reserves the right to file healthcare liens against the patient and other responsible parties as is deemed appropriate.

Bad Debts/Legal Action

If the account is not paid in full or satisfactory arrangements made within the allowable time frame, POWER LLC., reserves the right to refer the account to an attorney and/or a collection agency for collection of the balance.

Client Scheduling

Every effort will be made to schedule the patient at the patient's convenience. Patients will be advised of POWER LLC., payment policy at the time appointments are made along with the best estimate of the cost of the service.

Acceptance of Insurance

POWER LLC., does not accept "Assignment of Benefits" for private or commercial insurance policies. Patients with private or commercial insurance policies are responsible for payment for services and may file for reimbursement with his or her insurance company.

Verification of Insurance

Because of the wide range of insurance plans in effect, POWER LLC., will verify insurance coverage, deductibles, co-payments and other limits, prior to acceptance for payment of services.

For more information about the Financial Policy, please contact:

Noelle Johnson, LCPC

POWER LLC – Private Practice

(410)240-4174

I have been informed of, understand, and agree to the Financial Policy from Produce

Opportunities Which Embrace Rehabilitation, (POWER) LLC., explained above:

(Client's Parent/Guardian, if under 18 y/o)

Client Signature

Date

Parent/Guardian

Date