Acknowledgment of Financial Responsibility

Insurance authorization
I authorize Apogee Behavioral Medicine to act as my agent and disclose my health information to my insurance company to obtain payment for services rendered. I understand I am financially responsible for all charges not covered by my insurance plan. If I have a Medicaid plan, I understand I am only financially responsible for the copay and share-of-cost amounts.

Accurate insurance information
I agree to provide Apogee Behavioral Medicine with accurate and complete insurance information and to communicate any changes to my insurance information. I agree to pay for any cost that results from coverage lapses due to incomplete or inaccurate information.

Payment for services
I understand that payment is expected by the date of service prior to services being delivered. I understand the payment method on file will be used automatically for co-pays, deductibles, co-insurance, or any other patient responsibilities determined by the provided insurance carrier(s). I understand that the payment method on file will be billed automatically for the entire visit if insurance is not provided, according to the published self-pay pricing on Apogee Behavioral Medicine's website.

Outstanding balances
If my balance becomes past due, I agree to comply with a payment plan if offered. I understand my provider may terminate treatment for non-payment. Amounts greater than 60 days past due may be referred to a debt collection agency.

Payment authorization
I authorize payment directly to my provider, and hereby assign my right to reimbursement for services rendered to Apogee Behavioral Medicine.

Payment by check
I understand that if any check payments are declined due to insufficient funds Apogee Behavioral Medicine will no longer accept checks as a form of payment. Additionally, I will be charged any fee associated with invalid checks.