



CALHOUN CONSULTANTS POLICIES (12 and under)

Thank you for choosing the Calhoun Consultants (CC) for your health care needs. We are committed to providing high quality, personalized and comprehensive patient care. We ask that these policies be read and understood so that we can provide quality service at customary and reasonable fees:

- 1) Consent for Treatment:
 - a) I hereby authorize, and acknowledge to work with, the authorities of the Calhoun Consultants, and the physician(s)/therapist(s) in charge of my/the case, to administer such medications and treatments as may be deemed necessary for the interest and care of me/the patient described on this form.
- 2) Payment Guarantee:
 - a) A fee will be charged for the reserved time, for your appointment.
 - b) Sessions shortened by the patient will still be charged at full reserved fee.
 - c) Full payment is due at time of each appointment, unless managed care insurance covers authorized services.
 - d) Co-payments are due in FULL at time of each visit.
 - e) Checks written and returned NSF/Account Closed will be charged an additional \$35.00.
 - f) If you do not have insurance, payment is due in full at each visit.
 - g) RESPONSIBILITY of an account balance is that of the Patient, NOT the insurance company.
 - h) It is your responsibility to verify benefits with your insurance company unless it specifically states, "Provider must call to preauthorize". It is also your responsibility to contact your insurance as to whether your "Physician/Therapist" is part of your insurance plan.
 - i) CC will bill your insurance company. You must present your insurance card at time of service so that copies can be made and information updated regularly. Many insurance companies have changed Subscriber ID #'s in compliance of new HIPPA laws. If you get a new card, it is your responsibility to make sure we receive a copy so we can file your claim in a timely manner. All insurance companies have a time limit on filing so the information given to us must be correct. We will bill secondary insurance companies if all pertinent information is given. We do not accept Medicaid/Illinois Department of Public Aid insurance. (see attached form)
- 3) Release of Insurance-Related Information:
 - a) I authorize insurance payment(s) to be made directly to providers of the Calhoun Consultants.
 - b) I authorize the Calhoun Consultants to release any information about me to insurance carriers needed to process claims.
- 4) Delinquent Accounts:
 - a) All outstanding balances not covered by insurance are due in full at the time of service.
 - b) Any account balance which is 90 days past due must be paid in full unless arrangements are made with the Accounts Receivable/Collections Department. If no agreement is made and we must pursue legal action, all court costs, filing fees and attorneys fees to collect said balance will be the responsibility of the patient/guarantor.
- 5) 24-Hour Cancellation:
 - a) Appointments must be canceled 24 hours in advance; otherwise patient will be responsible for the CHARGE of the reserved time.
- 6) Phone Consultation/Phone Conversation with Clinician:
 - a) Charges are according to CC's fee schedule. Please be aware that most insurance companies DO NOT pay for this service, making payment the patient's responsibility.

Please sign below to authorize treatment:

Printed Name of Patient

Printed Name of Guarantor Relationship to Patient

Witness

Date

Signature of Guarantor

Date

If patient is unable to sign, state reason: _____

