



FINANCIAL POLICY

The staff at Lee Side Wellness, LLC (LSW) are committed to providing caring and professional mental health and addiction care to all of our patients. As part of the delivery of services, we have established a financial policy that provides payment policies and options to all patients. Your insurance policy, if any, is a contract between you and the insurance company; we are not part of the contract with you and your insurance company.

As a service to you, the LSW will provide you with a statement and claim form for you to submit to other third-party payers but cannot guarantee such benefits or the amounts covered. In some cases insurance companies or other third-party payers may consider certain services as not reasonable or necessary or may determine that services are not covered. Patients are responsible for payments regardless of any insurance company's determination of usual and customary rates.

The Person Responsible for Payment will be financially responsible for payment of such services. The Person Responsible for Payment is financially responsible for paying funds whether they are reimbursable by insurance companies or third-party payers.

Insurance deductibles, co-payments and other payment plans are due at the time of service.

Payment methods include check, cash, or the following charge cards: Visa, MasterCard, and Discover.

Questions regarding the financial policies can be answered by the Business Manager.

I, _____, acknowledge that the estimated cost of treatment for the following 30 days will be _____ per encounter.

I understand that my co pay/ co insurance payment per visit will be _____.

If the cost of treatment is greater than the total of my payments per visit and insurance coverage, I agree to pay the difference. I understand that the total cost of treatment will vary depending on the frequency, duration and type of treatment I receive.

I (we) have read, understand, and agree with the provisions of the Financial Policy.

Sign

Date