mind matters, P.C.
CHILD & FAMILY PSYCHIATRY

Statement of Patient Financial Responsibility

Patient Name: _____ **DOB:** _____
(Please Print)

The Clinicians and staff of Mind Matters PC appreciates the opportunity to provide your health care needs. The service you have elected to participate in implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our fees. As a courtesy, we will bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill.

You are responsible for payment of any deductible and co-payment/co-insurance as determined by your insurance company. We expect these payments at time of service. You are responsible for any amounts not covered by your insurance company. It is your responsibility to verify your benefits. Any quote provided by Mind Matters is a courtesy only and may not reflect your actual financial responsibility. If your insurance company denies any part of your claim, or if you or your physician elects to continue past your approved period, you will be responsible for your balance in full.

Co-Pay / Co-Insurance
Co-pays and co-insurance will be collected at every appointment to our office.

Private Pay
Patients without health insurance coverage are financially responsible for all services rendered at Mind Matters PC, and are expected to pay at the time services are rendered. We offer a courtesy discount when payment is made the day of the appointment.

Cancellation and Missed Appointment Policy

If you must cancel or change an appointment, we require a minimum notification of 24 business hours prior to the schedule start time of your appointment.

If you do not attend your appointment and have not cancelled or rescheduled at least 24 business hours in advance, you will be charged a missed appointment fee. You will be personally responsible for all missed appointment fees. All future appointments will be cancelled and no prescriptions will be filled until payment is received.

Missed Appointment Fees:

Doctor/Nurse Practitioner	Psychologist, Counselor, Social Worker
Long appointment - $250.00 Short appointment - $150.00	Long appointment = $150.00

Consent for Treatment and Authorization to Release Information
I hereby authorize Mind Matters PC, to provide myself or the above named patient, appropriate assessment and treatment procedures.

I further authorize Mind Matters PC to release to appropriate agencies, any information acquired in the course of my or the above named patient's examination and treatment.

I have read the above policy regarding my financial responsibility to Mind Matters PC, for providing mental health services to me or the above named patient. I certify that the information is, to the best of my knowledge, true and accurate. I authorize the release of all medical information necessary to process an insurance claim. I hereby authorize my insurance carrier to make payments directly to Mind Matters PC.

Patient Signature _____ Date _____

Guarantor Name (Printed)_____ Date _____

Guarantor Signature _____Date _____