

BLUE VALLEY BEHAVIORAL HEALTH  
FINANCIAL POLICY

Client's Name: \_\_\_\_\_

Case #: \_\_\_\_\_

The following describes the financial policy of our office. Please read this policy carefully. If you have any questions regarding this, please ask the secretary or ask to speak with our billing staff.

Due to the numerous insurance companies and policies, and the variation in policies, we cannot be expected to know what kind of coverage you have with your insurance. You will need to review your policy and contact your insurance company if you have any questions concerning your benefits/coverage for services provided.

**1) MEDICARE-** We participate with Medicare and will file your claim and any supplement/secondary insurance for you. You will receive a balance due bill after all insurance has processed your claim. You are responsible for any balance your insurance does not cover. It is important to note that some of our providers are not covered by Medicare.

**2) INSURANCE COMPANIES WE PARTICIPATE WITH-** We participate with many insurance companies. We will collect any copay that is due at the time of service, and will file your claim for you. You will be billed for any balance due (including deductible, copays/coinsurance) once insurance has processed your claim.

**3) INSURANCE COMPANIES WE DO NOT PARTICIPATE WITH-** We will file your claim for you. You are responsible for any balance they do not cover including deductible, copays and coinsurance. If after a reasonable amount of time your insurance has not paid your claim, we will look to you for payment in full.

**4) MEDICAID-** We are Nebraska Medicaid providers including the Heritage Health plans; United Healthcare Community Plan, Healthy Blue and Nebraska Total Care. We will file your claim for you. You must present a copy of your current card at the time of service. If you have private health insurance or Medicare in addition to Medicaid/Heritage Health, you will need to provide us with that information also.

**5) WORKERS' COMPENSATION-** We will file your claim to your employer/workers' compensation insurance carrier. You will need to provide us with this information at the time of service. In the event that workers' compensation is denying your claims, we will file your claim with your health insurance, and look to you for payment of any balance. You will need to provide us with your health insurance information at the time of service. If you have retained legal representation for your workers' compensation case, we ask that you provide us with their name and address. Please be aware that we cannot be expected to wait for the conclusion of a lengthy settlement before being paid. Therefore, you will be responsible for payment on any services provided.

**6) LEGAL CASES-** In the case of motor vehicle accidents or legal cases where another party is presumed liable for your expense, we look to you (the party receiving service) for payment and cannot be expected to wait for the conclusion of a lengthy settlement before being paid. **We do not bill attorneys or wait for settlements.**

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**7) SELF PAY-** If you do not have any insurance coverage, the account will be treated as “Self Pay”. Payment in full is expected at the time of service. You will be required to pay a predetermined amount based on the type of service. If you do not provide us with your insurance information you will be considered “Self Pay” and will be responsible for payment in full. For timely filing with your insurance company, we must receive your insurance information within 30 days.

The standard fee for Assessments are \$190.00/hr., Substance Abuse Evaluations are a flat rate of \$300.00 and Medication Management Assessments are a flat rate of \$275.00 if completed by an APRN or \$325.00 if completed by an MD. Other program fees vary, please consult with the secretary. We will accept cash, personal checks, money orders, Visa, MasterCard and Discover Card. There will be a \$25.00 fee for any returned checks.

If there is no insurance coverage, you may be eligible for a standardized discount in accordance with the currently approved financial guidelines. Payment is expected at time of service. If it is discovered that the financial information you provide is inaccurate or misleading, the full balance of the account will be revived.

**8) EMPLOYEE ASSISTANCE PROGRAM (EAP) -** You are responsible for contacting your EAP and obtaining any authorization needed for services provided. We will file your claim for you. You must provide us with the EAP information at your first appointment.

**9) DEPENDENTS -** The parent/guardian is responsible for payment of services rendered to any dependents. In cases where a written court order allows payment for healthcare costs associated with a dependent, it is the parent/guardian's responsibility to obtain reimbursement from the other party involved.

**10) NON-PAYMENT-** Non-payment on any account may result in collection action. All accounts are reviewed on a regular basis and information obtained or action taken is noted accordingly. If your balance is a financial hardship, please ask about payment options.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE FINANCIAL POLICY FOR PAYMENT OF PROFESSIONAL FEES. MY SIGNATURE REPRESENTS KNOWLEDGE AND UNDERSTANDING OF THE ABOVE POLICY.

\_\_\_\_\_  
Client/ Parent/ Guardian Signature

\_\_\_\_\_  
Date

*Print name of Parent/Guardian (if applicable):* \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date