Therapy Solutions
TAKE YOUR LIFE BACK.

448 21st Street West, Ste D1,
Dickinson, ND 58601
701.483.1000

PATIENT FINANCIAL RESPONSIBILITY POLICY

Thank you for choosing Therapy Solutions as your provider. We are honored by your choice and are committed to providing you with the highest quality care. We ask that you thoroughly read through and sign this form to acknowledge your understanding of our patient financial policies.

As a patient of Therapy Solutions, you will be asked to provide us with the following information regarding insurance coverage:

1. Name of insurance carrier
2. Name of policy holder or subscriber of insurance
3. Policy number, social security number (if applicable), group and plan number
4. Name, address and phone number of the insurance company

This information must be provided along with a copy of your insurance card at patient's first appointment. If you do not have the necessary information, you must provide it as soon as possible. *(See Self-Pay)*

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 fees. Therapy Solutions will verify your health insurance coverage and bill your insurance carrier on your behalf. However, you (or patient's guardian, if a minor) are ultimately responsible for payment of your bill.

Patient Responsibilities

- Therapy Solutions is pleased to assist you by billing for our contracted insurers. However, you are responsible to ensure we have the most updated information regarding your insurance. Inform Therapy Solutions of current address and phone number (or any changes) for the patient and the responsible party. The patient will be responsible for any charges incurred if the information provided is not correct or updated.
- Patients are responsible for the payment of copays, coinsurance, deductibles and all other procedures or treatments not covered by their insurance plan. **Copays are due at the time of service.** We accept cash, check and most major credit cards at our office.
- Patients may incur and are responsible for the payment of additional charges at the discretion of Therapy Solutions. *If guardianship of a minor is transferred over the course of treatment it is necessary to inform Therapy Solutions. At that time new forms will be filled out and signed. If Therapy Solutions is not informed, the signor of the forms on file will be held responsible for any additional charges that may incur.*

  These charges may include, but are not limited to:
  - Charge for returned checks.
  - Charge of $50 per missed appointment without notice or without 8 hours advance notice.
  - After 3 no-show fees ($150), you will be discharged from Therapy Solutions.
  - Any costs associated with collection of patient balances.
- Pay any additional amount owing within 30 days of receiving a statement from our office.
- It is Therapy Solutions' policy that any balance under $100 must be paid in full within 30 days of billing. Balances greater than $100 either need to be paid in full, or in four equal monthly payments. If you cannot meet these guidelines, contact our billing office at 701.483.1000 to make alternative payment arrangements. If payment is not received within 30 days of billing or payment arrangements have not been made, further collection activity will occur, including the balance being turned over to Dickinson Credit Services, Inc.

Employee Assistance Programs

Therapy Solutions accepts many EAPs. It is the patient's responsibility to contact their EAP regarding any necessary referrals, paperwork and to ensure Therapy Solutions and specific clinicians are contract providers. Therapy Solutions will bill the patient's EAP however; if the EAP refuses payment for services rendered then the bill will fall into the insurance and/or self-pay category. At that time, the bill will become the responsibility of the patient.

Self-Pay

Therapy Solutions designates accounts, **Self-Pay**, under the following circumstances: (1) patient is covered by an insurance plan that our providers do not participate in, (2) patient does not have a current, valid insurance on file and has failed to provide one that day, (3) patient does not have a valid insurance referral on file, or (4) patient does not have health insurance coverage.

Referrals

If your insurance plan has a designated primary care physician and you are required to obtain a written referral from that doctor, you must provide that referral at the time of check-in or have the referral faxed to the office prior to the first visit. If at the time of check-in you do not have a current, valid referral, we may ask you to either reschedule your appointment or pay for the visit at the time of service.

Patient Authorization

By signing below, you agree to accept full financial responsibility as a patient who is receiving services or as the responsible party for minor patients. Your signature verifies that you have read the above disclosure statement, understand your responsibilities and agree to these terms.

I have read, understand and agree to the provisions of this Patient Financial Responsibility Form:

Patient's Signature	**Date**
Patient Name (Print)	**DOB**
Guardian/Power of Attorney (if minor or adult unable to sign)	**Date**