ACKNOWLEDGEMENT OF BILLING PRACTICES

As a client at AMITA Health Center for Mental Health, we want to make sure you understand your responsibilities in regards to billing and payment procedures.

1. Client fees are based on the income information you provide to us.
2. Income documentation is required at the time of intake. Your income documentation determines your assessed sliding scale fee.
3. Not all providers accept all insurance plans even if the Center is contracted. Please note that if your insurance changes to one that your provider does not accept you will need to change providers or pay out of pocket for services to stay with your provider.
4. Payment is expected at the time of service. If payment is not made, the Center reserves the right to refuse the provision of that service. Specific payment instructions are listed below:
   a. Medicaid Clients: No payment is expected at the time of service. You will only be billed if Medicaid denies the service.
   b. Medicare Clients: No payment is expected at the time of service. You will be billed for the balance after we receive Medicare’s reimbursement.
   c. Self-Pay Clients: Payment of the assessed sliding scale fee is expected at the time of service.
   d. Private Insurance Clients: 20% of the agency’s full fee is expected at the time of service and you will be billed for any amount that your insurance does not cover. For private insurance clients with a co-pay, you will only be responsible for your co-pay at the time of service. Please be aware that verification of coverage is not a guarantee of payment and you may be responsible for services. Some insurance policies have a limited number of approved visits per year. It is your responsibility to contact your insurance company to determine any limitations that may exist for your policy. Please be aware that if your yearly benefits are exhausted you will be responsible for the payment of services.
5. Cancellations must be made 24 hours in advance. If you fail to cancel your appointment at least 24 hours in advance you will be subject to the following:
   a. You will be charged a fee equal to the fee for the missed service, based on your sliding scale responsibility.
   b. If you receive psychiatry services, two no-show or late canceled appointments within 6 months will cause your chart to be closed to psychiatry services, except in extenuating circumstances beyond your control. These circumstances will require written documentation from a physician, emergency room, or other authority in order to be exempt from this policy.
6. There will be a charge for assistance with applications for patient assistance programs.
7. There will be a charge for returned checks. If two or more checks are returned by the bank, any future payments must be cash or money order only.
8. There will be a charge for translation services provided.
9. If you neglect your responsibility to pay for treatment received, services will be suspended. We will work with you to develop a payment plan. If you fail to comply with your payments, your account will be put on suspended status. Continued neglect of this issue may result in treatment termination and your account being referred to collections. If this occurs, emergency services will remain available.
10. Your services may be reported to the Illinois Department of Human Services (based on your sliding scale) for identification of service provision and potential State supplemental payment for services.

I have received a copy of the billing practices and I am aware of my responsibilities as outlined above.

______________________________        _________            __________________________       _________
Client Signature              Date          Guardian Signature                    Date

Staff Signature              Date

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