



Center for Grief and Trauma Therapy

300 Creek View Rd., Suite 101A
Newark, DE 19711
Phone: (302) 635-0505 Fax (302) 861-3838
www.centerforgrieftherapy.com

PATIENT FINANCIAL RESPONSIBILITY STATEMENT

Thank you for choosing The Center for Grief and Trauma Therapy as your Behavioral Health provider. The services you seek imply a financial responsibility on your part. This responsibility obligates you to ensure payment in full for the services you receive. To assist in understanding that financial responsibility, we ask that you read and sign this form. Feel free to ask if you have any questions regarding your financial responsibility. If someone else (parent, spouse, domestic partner, etc.) is financially responsible for your expenses, please share this policy with them, as it explains our practices regarding patient billing. By signing below and/or by receiving services from The Center for Grief and Trauma Therapy, you agree:

1. You are ultimately responsible for all payment obligations arising out of your treatment or care and guarantee payment for these services.
2. You will be required to follow all registration procedures, which may include updating or verifying personal information. As a self-pay patient, our fees are expected to be paid in full at the time of service.
3. Payment of any account balance is due within thirty (30) days of receipt of service. If any balance on your account is over ninety (90) days past due, your account will be in default and auto referred to the Billing Manager. Balances 90 days past due will incur a 5% increase every 30 days.
4. A. Payment by Check. If payment is made by check and it is returned or declined for any reason, your account will be charged any costs assessed or charged by any depository institution. B. Payment by Credit Card/Credit Card on File. When you pay by Credit Card to be held on file, you agree to keep the credit card information current, and you authorize The Center for Grief and Trauma Therapy to securely store your credit card information, and only charge it should you have an outstanding balance or any leftover balance from a processed claim in the future. The storage system used is fully compliant to the highest level

of credit card storage security regulations. Once stored, only the last 4 digits of your credit card are viewable by The Center for Grief and Trauma Therapy. You understand that you are responsible for all charges for services that you receive from The Center for Grief and Trauma Therapy, and if the patient responsibility portion of your charges is not paid in full within thirty (30) days following receipt of notice of these charges, and if you have a credit card authorization form on file, The Center for Grief and Trauma Therapy will bill your stored credit card for the outstanding balance due to prevent interest charges. If you have in writing that you do not want your stored credit card used then you will be provided with a statement and asked for payment. Continued treatment will be contingent on balances being paid in full after 30 days unless there is an individual written agreement that outlines other terms.

Please note: We only accept cash, debit/credit cards or certified checks for assessment services, unless other arrangements have been made. There is a 5% processing fee for credit/debit card payments for testing and assessment services.

5. Managed Care (HMO, PPO, etc.). The Center for Grief and Trauma Therapy *does not accept health insurance*. However, some insurance policies allow for out-of-network benefits. It is *your* responsibility to check your benefits with your insurance company. Insurance policies are an agreement between the patient and the insurance company, not The Center for Grief and Trauma Therapy. **Should you wish to use your out-of-network benefits, your payment for your services is still due at the time of service at the full rate of the service. The Center for Grief and Trauma Therapy will then provide you with documentation (also known as a Superbill) for you to submit to your insurance company to either be applied to your deductible or for you to be reimbursed and/or per the guidelines of your policy. How your policy works in regard to out-of-network benefits cannot be guaranteed by The Center for Grief and Trauma Therapy and The Center for Grief and Trauma Therapy will not be involved with verifying or submitting any claims on your behalf.**
6. Additional Charges. Patients may incur and are responsible for the payment of additional uncovered charges at the discretion of The Center for Grief and Trauma Therapy including but not limited to: (i) charges for returned checks; (ii) charges for a missed appointment without 24 hours advance notice; (iii) charges for extensive phone consultations and/or after-hours phone calls requiring treatment; (iv) charges for copying and distribution of patient medical records; or (v) charges for extensive forms preparation or completion. A list of potential uncovered charges is available.

15. Minor Patients. The parent/guardian of a minor is responsible for payment of the minor's account balance.

Acknowledgement

By signing below, each of the undersigned acknowledges that: (i) I have been provided a copy of the The Center for Grief and Trauma Therapy PATIENT FINANCIAL RESPONSIBILITY STATEMENT; (ii) I have read, understand, and agree to their provisions and agree to the specified terms; (iii) I agree to pay all charges due (or to become due) to The Center for Grief and Trauma Therapy; (iv) I further agree that a photocopy of this Patient Responsibility Financial Statement shall be as valid as the original.

ONCE I HAVE SIGNED THIS AGREEMENT, WHETHER BY ORIGINAL, FACSIMILE OR ELECTRONIC (“.PDF”) SIGNATURE, I AGREE TO ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN AND THE AGREEMENT SHALL BE IN FULL FORCE AND EFFECT.

Patient/Responsible Party/Guardian

Date of Birth

Signature of Patient or Guardian

Date

Witness/Clinician