



Fee Policies and Authorization of Benefits Agreement

Fees/Insurance

If you plan to submit your own claims to your insurance company, it is our policy that payment of the entire fee is due at the time of service.

As a service to our clients, Minnesota Mental Health Clinics staff will submit your insurance claims. Please provide us with the necessary information. **CO-PAYMENTS, OUTSTANDING BALANCES, AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICE.**

Minnesota Mental Health Clinics can make no guarantee that your insurance company will provide payment for services rendered. **IT IS YOUR RESPONSIBILITY TO KNOW WHAT IS AND IS NOT COVERED UNDER YOUR POLICY. YOU ARE RESPONSIBLE FOR THE FULL AMOUNT OF THE CHARGE, WHETHER OR NOT YOUR INSURANCE WILL COVER ANY PORTION.** If your insurance company requires preauthorization of services you are responsible to inform us. Be aware that most insurance companies have an annual maximum benefit for outpatient mental health coverage. Time billed for court appearances, court case review, report writing, telephone consultation and other charges excluded by insurance coverage are client responsibility.

A service charge of 1.5% (18% annual rate) or the highest statutory amount allowed, whichever is higher, will be charged on accounts past due 60 days. If payment from insurance is not received within 90 days the account is due and payable in full. Accounts 90 days past due will be subject to collection procedures and/or small claims court, the client agrees to be held responsible for the cost disbursement including reasonable attorneys, collection and court fees. There is a fee of \$20 for checks returned for insufficient funds.

Medical Records

There is a fee for the copies as defined in Minnesota State Statute 144.292

Cancellations

We ask that you give us 24-hour notice during regular business hours when canceling an appointment. This will allow us to schedule the time for someone else. To cancel an appointment, please call 651-454-0114 during regular office hours. Please **NOTE: IF YOU FAIL A SCHEDULED APPOINTMENT OR CANCEL WITH LESS THAN A 24 HOURS NOTICE OR CALL OUTSIDE OF REGULAR BUSINESS HOURS, YOU MAY BE CHARGED FOR THE SESSION.** Your insurance cannot be billed for missed appointments. If you fail or cancel an appointment with less than 24 hours notice of the scheduled appointment two times in a row or three times in a six-month period, it is possible that you will be referred to another clinic for future service. Final decisions are made by the provider.

I HAVE READ AND AGREE TO THE ABOVE AND HEREBY GUARANTEE PAYMENT OF ALL CHARGES FOR PSYCHOLOGICAL SERVICES WITH THE FINANCIAL ARRANGEMENTS OF MINNESOTA MENTAL HEALTH CLINICS. ANY SPECIAL ARRANGEMENTS CONTRARY OR IN ADDITION TO THE ABOVE ARE WRITTEN BELOW.

I hereby authorize the release of any medical information necessary to process this claim to the insurance company and/or the responsible party for this account. I authorize payment of medical benefits for services rendered to me and/or my dependents to Minnesota Mental Health Clinics.

Client Name (please print): _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Insurance Company: _____

Group & Policy Numbers: _____

Mailing Address: _____

A copy of this authorization shall be as valid as the original