



Center for Learning & Behavioral Health LLC

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CONSENT FOR TREATMENT

I, the undersigned, do hereby agree and give my consent for PATHWAYS to provide psychological/psychiatric assessment and treatment to (name of patient) as considered necessary and proper in diagnosing or treating his/her condition.

Patient/Guardian (signature) Date

BENEFIT ASSIGNMENT/RELEASE OF INFORMATION

I, hereby assign all mental health benefits to include major medical benefits to which I am entitled, including Medicare, Medicaid, private insurance and third party payers to PATHWAYS. A photocopy of this assignment is considered to be as valid as the original. I, hereby authorize the release of all information necessary, including patient records, to secure payment.

Patient/Guardian (signature) Date

FINANCIAL POLICY

We will bill your insurance provider when we participate in their insurance network as a courtesy to you. However, should your insurance provider refuse to pay for services rendered, it is ultimately your responsibility to cover the cost of these services. We require that arrangements for payment be made at the time of each visit. In the event that your insurance carrier requests a refund of payments made, you will be responsible for the amount of money refunded to your insurance company.

If any payment is made directly to you for services billed by us, you recognize an obligation to promptly remit that amount to PATHWAYS.

I understand and agree that if I fail to make any of the payments for which I am responsible within 90 days, my account will be charged an additional 1.25% interest fee. Not to exceed 15% annually. If my account becomes delinquent and is sent to a collection agency, I may be responsible for additional fees incurred in the collection process.

PAYMENT IS DUE WHEN SERVICES ARE RENDERED: co pays, co insurance, deductibles, or self pay balances.

I have read and understand the above information. I understand my responsibility for the payment of my account.

X Patient/Guardian/Responsible Party Date

X Patient/Guardian/Responsible Party Date

X Witness Date