

PATHWAYS

Center for Learning & Behavioral Health, LLC

CONSENT FOR TREATMENT

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

Patient/Guardian _____ 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 payors 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 _____ Date _____

FINANCIAL POLICY

We will bill your insurance provider 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 of your estimated share be made today. 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 in a timely manner, I will be responsible for all costs of collecting such monies owed.

ESTIMATED INSURANCE BENEFITS:

Estimated patient payment: _____
Arrangement for payment of patient's share _____

NOTE: Estimated coverage information is provided as a courtesy to our patients, but is not intended to release them from total responsibility for their account balance.

I have read and understand the above information. I UNDERSTAND MY RESPONSIBILITY FOR THE PAYMENT OF MY ACCOUNT.

Patient/Guardian/Responsible Party Date

Witness Date