



Health care expenses, who wants to think about them? No one! The bottom line, however, is being aware of costs and financial responsibilities will minimize the time and stress related to ‘the business side’ of your care. We strongly urge you to contact your insurance carrier or agency before receiving services to become fully informed about your coverage, (including your policy requirements, limits and restrictions). Simply put...being informed yourself, then relaying all pertinent business information to our clinic, will maximize financial benefits to you.

COUNSELING RESOURCES NEUROPSYCHOLOGICAL ASSOCIATES PAYMENT POLICY

Counseling Resources Neuropsychological Associates (CRNA) has retained a billing service to handle our patient billing account needs following registration at the clinic. To contact the billing service directly with your account questions and information, please call: **TR Billing Service at 1-262-706-3391**, or contact your clinician and our front office manager at **(608) 242-7160**.

CRNA is able to bill and accept direct payment from many insurance plans. And, most of our clinicians are contracted providers with various insurance networks & agencies (including Medicare and non-HMO Medical Assistance), which helps keep expenses to our clients at a minimum. CRNA will bill your insurance company for our professional services whenever the insurance information is provided in a timely manner, however, please be informed the responsible party named on the account remains legally responsible for payment of services. Insurance (third party) billing is a courtesy, and the clinic does not accept responsibility for negotiating a settlement on a disputed claim.

Patient Financial Responsibilities/Obligations: (The term “patient” means the patient themselves and/or their named financial responsible party.)

- **Obtain an understanding of insurance benefits, limits & requirements before receiving services by contacting patient’s insurance carrier(s).**
- **Meet the requirements stipulated by the insurance policy(s), or arrange to receive services on a “selfpay” basis.** (Examples of common insurance plan requirements: restrictions on who you may obtain services from & how choosing your provider affects the amount insurance will pay; whether preauthorization for services is required; whether a referral for services by an M.D is required.)
- **Provide applicable information regarding payment of account at registration and whenever changes occur** (including current contact information, proof of who is responsible for payment, financial hardship information, all insurance plans to be billed, applicable ins plan requirements such as preauthorizations, etc.). Be aware that insurance plans limit the timeframe for which services can be billed once service is preauthorized and/or rendered. Thus, CRNA may not be able to bill your insurance if the information is not provided prior to receiving services. Please make every effort to keep us informed.
- **If patient is insured, read, sign & date the “Assignment of Benefits” on the Registration form.** If you disagree with the Assignment of Benefits, arrange to receive services on a selfpay basis.
- **For fees associated with services rendered to selfpay patients, any financial hardship settlement must be requested/discussed before receiving services.**
- **Patient is responsible for payment of missed appointments unless the clinician is notified at least 24 hours in advance that an appointment cannot be kept or is being cancelled.** (Exceptions: emergencies and/or other circumstances at the discretion of the clinician.)
- **Unless an alternate personal payment arrangement is made with the clinic, patient is required to pay for services either at the time service is rendered or within 30 days of receipt of their patient billing statement, with final/full payment of the billing account made within 60 days of billing.**
- **The patient is responsible for payment of the cost of collections if their billing account is delinquent and the account is turned over to collections.** (Note: To avoid collections, remit payment within 60 days from billing, arrange a personal payment plan for payment beyond 60 days and/or prove financial hardship for a settlement fee adjustment.)

Please ask any questions for clarification of this payment policy. By signing below, patient acknowledges receipt of the potential costs of treatment, understands and agrees to the above financial obligations:

Signed _____ Dated _____ Patient Name: _____