FINANCIAL LIABILITY AGREEMENT AND CONSENT

Patient name: _____

Guarantor (person responsible for payment): _____

Relationship to patient:_____

I understand that medically indicated services for psychiatric evaluation and treatment provided by Aroga Medical Associates, PC (Initial evaluation and subsequent treatment) may or may not be covered by my insurance plan. I understand that Health Insurance Plans and Benefits are between me and my insurance company and that the doctor or therapist can advocate for me but ultimately cannot influence what the insurer will or will not pay for.

I understand that if my insurance is an HMO, PPO, or other managed care plan for which my psychiatrist and/or therapist is an in-network provider, that it is my responsibility to contact the insurance plan prior to the first visit to obtain prior authorization for treatment and a prior authorization number. I understand that if I have HMO, PPO, or other managed care insurance for which my doctor and/or therapist is an in-network provider, that I am responsible for payment of all co-payments and/or co-insurance at the time of service.

Sometimes insurance plans give Aroga Medical Associates, PC, or the providers within our group, incorrect information about patients' co-payment or co-insurance structure and/or dollar amounts, and sometimes they change these without notice. I understand that if this occurs I will be responsible for any balance due as a result of incorrect co-payments and/or co-insurance.

Sometimes insurance plans mistakenly inform a patient that one or more of our providers are in-network provider(s) with their plan when actually we are not.   I understand that I must confirm the in-network status of my provider with Aroga Medical Associates, PC before accepting as accurate any information obtained from an insurance plan over the telephone, internet, provider catalog, or other source.

Sometimes insurance companies will consider some psychiatric treatments not medically necessary even though the treatment is medically indicated and appropriate. I understand that payment will not be made by my insurance company for services if deemed by the insurance company not covered or not medically necessary, even if they have told me that my plan contains benefits for these services. Further, I understand that if a service is determined by my insurance company to be not covered or not medically necessary, then I am responsible for the payment. I understand that insurance companies generally do not pay for telephone sessions and I will be responsible for payment should I require these..

I consent to release of medical, mental health, and substance abuse information necessary to process claims and to bill my insurer and/or Medicare for services rendered. I consent to release of medical, mental health, and substance abuse information necessary for treatment, payment, and/or healthcare operations, including but not limited to billing and collections. I authorize Aroga Medical Associates, PC to submit insurance claims on my behalf and I authorize my insurance company and/or Medicare to make payments directly to Aroga Medical Associates, PC. And its providers.

Insurance companies do not pay for missed or improperly cancelled appointments. I understand that Aroga Medical Associates, PC maintains an office policy with regard to missed or improperly cancelled appointments (provided in a separate "Office Policies" brochure) and that I will be fully responsible for payment of applicable charges if I miss and/or do not properly cancel appointments accordingly.

In the event that my account is not paid, I understand that I shall be liable for any costs of collection, including, but not limited to, an additional 33.33% fee if my account is forwarded to a collection agency for collection, as well as any reasonable attorney's fees and court costs. I further understand and agree that there shall be 18% interest charged on any outstanding balance past 30 days.

I understand and agree to the above:

_____   _____

Patient   Date

_____   _____

Guarantor   Date