



Financial Policy Acknowledgement

Tueller Counseling Services, Inc. & Unified HealthCare of Idaho are dedicated to providing the best patient-centered care, ensuring our clients have improved access to care, and making sure that no client will be denied healthcare services (medical or behavioral health) due to an inability to pay. We provide discounted care to those who are underinsured or uninsured – ***Ask us about our Sliding Fee Discount Program.***

We participate in most major health plans. We have contracts with many insurance companies and government agencies including Medicare and Medicaid. Our office will submit claims for any services rendered to a patient who is a member of one of these plans and will assist you in any way we reasonably can to help get your claims paid. If you have a secondary insurance, we will automatically file a claim with them as soon as the primary carrier has paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. *It is the member's responsibility to provide all necessary information before leaving the office.*

Your insurance company requires us to collect co-payments at the time of service. Waiver of co-payments may constitute fraud under state and federal law. Please help us in upholding the law by paying your co-payment at each visit. For your convenience we accept cash, check or the following credit cards: Visa, MasterCard, and Discover. If you do not have your co-payment, your appointment may be rescheduled. If it is necessary that you be seen, a \$25 Copay Service Charge will be billed to your account. You may have coinsurance and/or deductible amounts required by your insurance carrier. Any outstanding balance on your account, after adjusting your insurance's responsibility, will be billed to you.

It is the policy of Tueller Counseling Services, Inc. & Unified HealthCare of Idaho to treat all patients in an equitable fashion related to account balances. We will not waive, fail to collect, or discount co-payments, co-insurance, deductibles, or other patient financial responsibility in accordance with state and federal law, as well as participating agreements with payers. Full or partial financial responsibility may only be waived in accordance with the practice's **Sliding Fee Schedule Policy.**

Please note:

- Payment is due at the time of service.
- If you do not pay the full amount due at the time of service, your account will be billed.
- Payment plans are available upon request.
- Please bring your insurance card with you at the time of your appointment.
- If you are insured by a plan we do business with but don't have an insurance card with you, payment in full for each visit may be required until we can verify your coverage.
- A cancellation *fee will be charged, if:
 - You do not show for a scheduled appointment;
 - You do not contact the clinic within 24 hours (with a minimum of four hours) to cancel your appointment;
 - You are more than fifteen minutes late to your appointment;
 - The cancellation *fee is due before or on your next visit
- Balances that are more than 94 days overdue may be sent to a collection agency.

*Cancellation Fee amount will be determined on the service for which you had an appointment.

*If enrolled in the sliding fee scale program, the charge is based off 50% the original discounted price.

I, _____ (print name), have read Tueller Counseling Services, Inc. & Unified HealthCare of Idaho's Financial Policy.

Patient/Responsible Party Signature: _____ Date: _____