



PATIENT INFORMATION AND CONSENT TO TREATMENT

Thank you for choosing Meier Clinics for your counseling needs. We are committed to providing you with the best care possible. To acquaint you further with the policies & procedures of our clinic, we are providing the following information.

Locations of Interest: There are restrooms and drinking fountains available on each floor near the elevators. Keys for the restrooms are available from the Receptionists.

Appointments: If you need to cancel an appointment, a minimum of 24 hours notice is required, otherwise, you are subject to full charge for the missed appointment. When the office is closed, you may leave a message on the answering machine which will accurately record the date and time you called. Our staff will do their best to be punctual for your appointment unless they have an emergency; we ask that you be punctual as well. If you are late for any reason, you will only receive the remainder of your scheduled time in order to keep other patient appointments on schedule.

Emergencies: We have a 24 hour answering service to assess after hours situations. Please call (630) 653-1717 or (800) 848-8872 and the operator will assist you in contacting your therapist/doctor or another staff member on call as appropriate. To leave a message for your therapist/doctor, call his/her regular daytime phone number. If you have an after-hours emergency, please go to the nearest emergency room for immediate attention and follow-up with a call to your Meier Clinics provider.

Outcomes Studies/Satisfaction Surveys:

We are very invested in providing the best possible care to each person. To help us know what we are doing well and where we could improve, we will give a Basis-32 Test to many of our clients and then repeat it after treatment has begun to measure improvement. Satisfaction Surveys are available in the waiting rooms and will also be sent to a sampling of clients. These provide us additional feedback that is put into a generic summary form to measure our performance

Financial Responsibility: You are fully responsible for all services provided. Full payment, co-payment/co-insurance, and/or deductible amounts are expected at the time of service. Payment may be made by cash, personal check or money order (payable to Meier Clinics), Visa, MasterCard, Discover, or American Express. There is a \$25.00 service charge for personal checks returned for any reason. All services will be billed to you/your guarantor or the contracted insurance plan through our Patient Accounts Department in Wheaton, Illinois. If you have any questions regarding your account, you may speak with an Account Representative by calling (630) 653-1717 or (800) 848-8872. Billing processes *may* include a monthly statement, phone call, or correspondence regarding the patient due portion of the account balance. Statements, phone calls, and correspondence will be addressed to the patient/guarantor address or phone number listed on the Registration Form. If any of these business office procedures present a problem to you or your treatment, please discuss your concern with your Account Representative. There will be a \$25.00 prescription renewal fee for refill calls made after hours or on the weekend. A one week supply will be phoned in and you will need to call the office to schedule an appointment as soon as possible. **NOTE:** Should your account become delinquent, you will no longer be able to schedule appointments.

Insurance Billing: Meier Clinics does not routinely bill insurance unless your therapist/doctor is contracted with your insurance plan and benefits have been verified before your visit. For *non-contracted insurance plans*, payment is required in full at the time of service and you may seek reimbursement directly from your insurance carrier using the receipt provided. For *contracted insurance plans*, your benefits will be verified and your responsibility as quoted by your insurance representative will be reviewed with you prior to your appointment. (We encourage you to also call your insurance company to obtain a quote of benefits or refer to your policy.) You are responsible only for any co-payment, co-insurance, deductibles, and non-covered services as determined by your insurance carrier. We will submit all appropriate claim forms to your carrier for reimbursement. You are responsible for notifying us immediately of any change in your insurance plan or coverage. Any appointment prior to notifying this office of insurance benefits will be the responsibility of the client. Insurance companies' quoted benefits are **not** a guarantee of payment.

Confidentiality: Your patient records are the property of Meier Clinics and shall be treated as confidential. To insure quality record maintenance and patient confidentiality, Meier Clinics will conduct routine patient record audits. To comply with state and federal laws regarding patient confidentiality, your records will not be released without a properly executed written consent or court order. Everything about your care will be held in strictest confidence (with the exception of those situations which we are required by law to report such as suspected or reported child abuse, etc.). If you choose to have your Meier clinics provider keep a third party informed of your treatment progress, it will be necessary to complete a release form that will be kept on file

BEFORE TREATMENT CAN BE PROVIDED, please sign below acknowledging that you have read, understand, and will abide by the above information.

Print Patient's Name: _____

Patient/Guardian Signature: _____

Date: _____