

Patient Information and Consent To Treatment

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

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. In the evenings and on weekends, you may leave a message with the automated attendant, which will accurately record the date and time you placed the call. Our providers will do their best to be punctual for your appointment unless they have an emergency call. We ask that you be punctual as well. If you are late, for any reason, you will receive the remainder of your scheduled time. This is necessary so we can see following patients at their scheduled times.

Emergencies: In case of an after hours emergency, go to the nearest emergency room. To leave a message for your Meier Clinics provider, call his/her regular day-time phone number.

Financial Responsibility: You are fully responsible for all services rendered. Full payment is expected at the time of service, unless other contractual arrangements apply. You may be charged \$15 if it is necessary to call in a prescription to a pharmacy. Please make all checks payable to Meier Clinics. As another payment option, we accept Visa, MasterCard, Discover, and American Express. There will be a \$25 fee for payments returned as non-sufficient or non-payable. All services rendered will be billed to you or your contracted insurance plan through our Patient Accounts Department. If you have questions regarding your account balance, you may call 888)550-8922 to speak with an account representative. *Please note:* 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 numbers listed on the Meier Clinics Registration Form. If any of these business office procedures present a problem for you or your treatment, please discuss your concern with your Meier Clinics provider or account representative.

Insurance Billing: Meier Clinics does not routinely bill insurance, unless the Meier Clinic provider is contracted with your insurance plan. For *non-contracted* insurance plans, we require payment at the time of service and you may bill your insurance, directly, with the completed fee ticket you will receive. For *contracted* insurance plans, your benefits will be verified and your financial responsibility reviewed with you prior to the first visit. You are responsible only for the copayment, deductible, and non-covered services as determined by your contracted insurance plan. We will submit the appropriate claim forms to your contracted insurance plan for reimbursement. You are responsible for notifying us immediately of any change in your insurance plan or coverage. Insurance company-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 the properly executed written consent. 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(s) keep a third party informed of your progress in counseling, it will be necessary to complete a "Release of Information" form that will be kept on file.

*****PLEASE SIGN BELOW TO INDICATE YOU HAVE READ AND UNDERSTAND THE ABOVE NOTIFICATIONS AND THAT YOU ARE CONSENTING TO RECEIVE TREATMENT BY A MEIER CLINICS PROVIDER:**

Patient/Guardian Signature

Date