

Welcome to Behavioral Health Care Associates
Practice Policies



So that we may better serve all our clients, please follow these required guidelines:

- Please notify us immediately upon making any changes to **your address, phone number, and/or insurance coverage**. Failure to promptly notify us of changes may result in future billing and/or treatment difficulties.
- **Copayments, deductibles, and account balance payments should be made prior to your appointment.** We accept cash, credit (Visa, Mastercard, American Express, and Discover), cashier's checks, money orders, and personal checks. We reserve the right to limit acceptance of personal checks at any time.
- If you do not have your payment due, please **reschedule** your appointment.
- If you are unable to keep an appointment, you must notify us **a minimum of 24 hours prior to the appointment**. Failure to notify or late cancellation **may result in a fee** being charged to your account at the discretion of the scheduled clinician.
- Your insurance coverage is your responsibility. We will bill your insurance on your behalf as a courtesy to you, but it is your responsibility to ensure that your insurance company issues reimbursement for services rendered in a timely manner, including arranging any documentation (such as **referrals and authorizations**) required for claim payment. **You are held responsible for any unpaid claims.**
- We do **not** accept worker's compensation, automobile insurance, Medicaid, or any form of Medicaid replacement insurance.

Thank you for your cooperation.

Please sign below to indicate that you have read and understood Behavioral Health Care Associates practice policies.

Signature of Patient

Signature of Parent/Guardian
(If Patient Is a Minor or Otherwise Applicable)

Date

Staff Member Witness