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FINANCIAL AGREEMENT

IF YOU HAVE MEDICAL INSURANCE:

We will file claims to your medical insurance company for the services that are provided by our office. In order for the claims to process correctly, please ensure that the information that is provided to our office on the Client Information Form is accurate and current. If there is a change in insurance information, please let us know immediately. We will submit to secondary insurance as long as we are given the correct information and we are notified that you would like this service done.

Deductibles, Co-Payments, and Coinsurance:

Co-payments are unchanging and due at the time the service is rendered. Coinsurance and deductibles vary for each insurance policy and we can only approximate the percentage covered by each plan. Payment of the estimated portion is due at the time of service.

Authorizations:

A copy of your insurance card is required at the time of the initial service. The card is descriptive and indicates whether an authorization is needed. At times, the behavioral health benefits are under a separate company and we must contact them to verify the necessity of an authorization. If a copy of the card is not on the file at the initial service and the claim is denied for "no authorization," you will be responsible for the payment.

Provider Coverage:

Although we are contracted with many insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our practice by another physician does not guarantee that your insurance will cover our services. **Please remember that you are 100% responsible for all charges incurred: Your physician's referral and our verification of your insurance benefits are not a guarantee of payment.**

We highly recommend you also contact your insurance carrier and check into your coverage for outpatient behavioral health. Do not assume that you will not owe anything if you have more than one insurance policy.

Medical insurance coverage is a contract between you and your insurance company. WE are NOT a party to this contract. We will not be involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information as necessary. You are ultimately responsible for the timely payment of your account.

Client Name (printed): _____

Please note that a typed name does not constitute a legal signature — please e-sign on Client Portal.

Client signature: _____ Date: _____