



Medical ■ Counseling ■ Recovery

Financial Policy

Agreement for Payment for Services

Any insurance co-payments are due at the time of service. At your initial appointment you must provide your insurance card and identification.

Co-Pay: A pre-set amount that is your responsibility at each visit. This is a flat rate that is subject to change each time your policy is renewed.

Co-Insurance: A percentage of your visit which will be calculated on the amount your insurance discount allows for the type of service you are receiving. This amount may change from visit to visit depending on the complexity of your appointment and or additional services rendered during your appointment.

Statements: Each month you will receive a statement for your portion of any bill that is due within 30 days of receipt. You will be asked at your next appointment for any outstanding balance payment in full unless prior arrangements for payments have been made.

Outstanding Balances: **If your responsibility balance becomes greater than \$250.00 at any time, Cornerstone Health Counseling requires payment agreements be made and followed in order to continue treatment. If at any time it is determined that good faith payments are not being made on any account. Cornerstone Health Counseling reserves the right to deny services until accounts are paid in full. Not fulfilling financial obligations to Cornerstone Health Counseling is also grounds for discharge from the practice.** If there is a credit balance on your account at any time and you are still receiving treatment, please note that the credit will be applied to future fees incurred. Overpayments on accounts will be refunded if no longer receiving services within a period of six months.

While Cornerstone Health Counseling staff strives to make sure all your financial obligation for services are clearly explained to you prior to your visit, **it is your responsibility to understand what your insurance covers and does not.** Cornerstone Health Counseling recommends you contact your insurance company by calling the number listed on your insurance card and inquire about your mental health benefits allowing you to be aware of any costs that may become your responsibility as part of your treatment with Cornerstone Health Counseling.

I also understand and acknowledge that I am personally responsible for paying Cornerstone Health Counseling for services that my health insurer will not cover due to non-payment of my health insurance premiums.

Printed Name of Client

Date

Signature of Client or Parent/Guardian

907.522.7070

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cornerstonehealthalaska.org

Care for the whole person