

Patient Responsibilities

Thank you for choosing Wichita Psychiatric Consultants as your healthcare provider. We are committed to providing the best medical care possible. Please understand that payment of your bill is considered a part of treatment. The following statement explains our Financial Policy, which we ask you to read, sign and return to us prior to treatment.

- All patients should provide accurate and complete personal and insurance information prior to being seen by the provider of services.
- All applicable co-pays, personal balances, both current and prior, are due at time of service.
- We accept cash, check cards or credit cards. (Visa, MasterCard and Discover) Personal Checks are not accepted for payment at the office.

Regarding Insurance

Please be aware that medical and mental health benefits frequently vary. Therefore, it is the insured's responsibility to understand and comply with the predetermination of benefits or referral requirements. Please contact your insurance carrier prior to your initial visit for your benefits.

Usual and Customary Rates

We are committed to providing the best treatment for our patients and we charge what we believe to be reasonable and customary fees our region and specialty. If your insurance company pays less than our fee schedule, should contact that company to obtain your responsibility for paying the balance.

Minor Children (under the age of 18)

All minors must be accompanied to the first visit by an adult (a parent or other who has authority to consent for treatment). For all subsequent visits, all minors, unless able to drive themselves, must be accompanied by an adult who must remain present in the lobby throughout the visit. The adult who accompanies a minor to the office is responsible for any co-pay, coinsurance or deductible at the time of service. Minors who drive themselves to their appointments must bring their co-pays or coinsurance with them at the time of service.

The above also applies for children of separated or divorced parents. The adult who accompanies a minor to the office is responsible for any co-pay, coinsurance or deductible at the time of service. Minors who drive themselves to their appointments must bring co-pay or coinsurance with them at time of service.

Courtesy Calls

As a courtesy to our patients, this office attempts to contact our patients a few days prior to the scheduled appointment as a reminder. Sometimes we are unable to make contact with each patient. As part of your treatment in this office, you are responsible for your appointment time and a date, regardless if a courtesy call was received or not. Patients will be charged for late canceled, late of no-show appointments.

Co-Pay Balances

Payment for co-pays is expected at time of service. If co-pay balances are not paid on the date of service, the balance must be paid prior to the next scheduled appointment. This fee is not covered by insurance and will be the patient's responsibility. It is the insured's responsibility to contact the insurance carrier regarding any co-insurance or co-pays amounts that need to be paid at the time of service.

Forms

Our office charges for forms that you may need a provider to complete unless your health insurance company has requested the form. Please be prepared to pay this fee for the completion of the form.

I have read this Policy and understand and agree to it.

Print Name

Signature of Patient or Legal Guardian if Patient is a Minor