



# ELLINGTON BEHAVIORAL HEALTH

16 Main Street  
Ellington, CT 06029  
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## Patient Financial Responsibility Statement

In order for Ellington Behavioral Health (EBH) to maintain its fees at the lowest possible level, it is important that we have a good understanding with our patients regarding financial responsibility. We hope that this summary will be helpful toward that end. We encourage you to ask any questions you may have.

- You must pay any co-payments and applicable deductible amounts at the time of service. We accept cash, Visa, MasterCard, Discover and American Express.
- Patients with annual deductible must pay \$50.00 at each visit until deductible is met.
- If you are not insured, or if the services are not covered by your insurance, you are expected provide full payment at the time they are rendered. EBH has an income based financial assistance paperwork that will be given upon request.
- EBH will bill your insurance company as a courtesy. Please understand that the financial responsibility for medical services rests between you and your health plan. While we are pleased to be of service by filing your medical insurance for you, we are not responsible any limitations in coverage that may be included in your plan. If your health plan denies this claim for of these or other reasons, our office cannot be responsible for this bill. It is your responsibility as a patient to pay denied amounts in full.
- In those instances, where we have a participating provider agreement with your insurance company for an agreed up negotiated rate for your services, an adjustment will be made in the amount of difference. You will remain responsible for required co-payments, applicable deductions and any services that are not covered by your insurance plan.
- If by mistake, your health plan remits payment to you, please deposit the check from your insurance company. Mail check and paperwork to  
Ellington Behavioral  
Health 16 Main Street  
Ellington, CT 06029
- Your health plan many refuse payments of claims for some of the following reasons. This is not an all-inclusive list. Please check with your insurance company should you have any questions.
  - This is a pre-existing illness that is not covered by your plan
  - You have not met your full calendar year deductible
  - The type of medical service required is not covered by your plan
  - The health plan was not in effect at the time of service
  - You have other insurance which must be filed first
- Appointment cancelled with less than 24 hours' notice may incur fees \$75 for MD and \$50 for therapist.
- Multiple "No Show's" are subject to EBH's discharge policy
- Patient balances not paid after 90 days may be sent to a collection agency. Unpaid outstanding balances are subject to EBH discharge policy
- EBH charge \$25.00 per from to be completed outside an office visit
  - All forms have a 5-business day turn-around

I have read and understand my obligation and acknowledge that I am fully responsible for any services not covered or approved by my insurance carrier.

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Signature

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Printed name of Patient

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Date of Birth

