

Payment Agreement for Indiana University Health Outpatient Behavioral Health Services

Thank you for choosing us as your behavioral healthcare provider. We are committed to providing you with excellent health care. Because some of our patients have had questions regarding patient and insurance responsibility for our services, we have developed this payment agreement. Please read it, ask us any questions that you may have and sign in the space provided. A copy will be provided to you upon request.

- **Insurance payment option.** We participate in most insurance plans, including Medicare. As proof of insurance, you must provide us your current valid insurance card. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the service received. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- **Indiana University Health Outpatient Behavioral Health Service is a hospital-based service of Indiana University Health.** As such, there is a separate charge for the service provided by your MD, NP, or therapist (professional charge) and the facility charge. A hospital-based service is different from a physician office in which only the professional charge is required for billing. Your explanation of benefits from your insurance company, and your statement from Indiana University Health, will reflect these two separate charges. Insurance companies process charges based on your specific benefit plan, co-payment, co-insurance and deductible.
- **Common Billing Codes.** We strongly encourage you to communicate with your insurance company regarding any benefit, co-insurance/co-pay, or deductible questions that you may have. The following are a list of our most common service/billing codes (CPT codes) which may be helpful when talking with your insurance company. Provided by an MD or NP: 90792, 99212, 99213, 99214 and 90833. Provided by a therapist: 90791, 90834 and 90853.

- **Non-covered services.** Please be aware that some, and perhaps all, of the services you receive may be considered "non-covered" by Medicare or other insurers. You may be responsible for the balance of these services. Every effort will be made to inform you of such services.
- **Appointment Cancellation.** Please help us to serve you by keeping your regularly scheduled appointment. If you are unable to make a scheduled appointment, please call our office at least 24 hours in advance. This notice will allow us to reschedule your appointment and offer your vacated time to someone else. It is good practice for patients to have routine follow-up visits with their provider(s), rather than making appointments only for crisis situations. Ours is not a crisis management or emergency services practice.
- **Expectations for Continued Treatment.** We make every effort to connect each patient with appropriate services; therefore some patients may be referred to other treating facilities or individual providers in the community based on identified needs. Attending your scheduled appointments is an expectation for continued treatment. You may be discharged from services at Indiana University Health Bloomington Hospital Behavioral Health Outpatient Services if you miss three appointments within a 12 month period, as per our Attendance Policy.

Thank you for taking the time to review our payment agreement. Please let us know if you have any questions or concerns.

I have read and understand the payment agreement and agree to abide by its guidelines:

Signature of patient or responsible party

Date