

Medical Insurance and Payment for Rendered Services Agreement

Child Name: _____

DOB: _____

By enrolling my child in Green Chimneys Residential Treatment Center, I understand, agree and consent to the following:

- I am financially responsible for all charges for any and all services rendered. This includes any medical service visit, outside the core/base covered procedures, testing, emergency, or referral services and any other screening ordered by the doctor or staff.
- While my insurance may confirm my benefits, confirmation of benefits is not a guarantee of payment and I am responsible for any unpaid balance.
- It is my responsibility to know if my insurance has any deductible, copayment, co-insurance, out-of-network usual and customary limit, prior authorization requirements or any other type of benefit limitation. I am responsible for communicating that information to Green Chimneys.
- It is my responsibility to know if my insurance requires a referral from my primary care physician and that it is up to me to obtain the referral. I understand that without this referral, my insurance will not pay for any services and I will be financially responsible for all services rendered.
- It is my responsibility to inform Green Chimneys personnel of any changes in my insurance coverage. If my insurance has changed or is terminated at the time of service, I agree that I am financially responsible for the balance in full.
- If my child has dual insurance I understand that I need to provide Green Chimneys with all insurance cards. If Green Chimneys does not have the proper information for a secondary insurance, the secondary will **not** be billed. It will be my responsibility to pay the balance and then file a claim with the secondary for reimbursement.
- If my child is insured under Medicaid and Managed Care (MMC), I am responsible to recertify in a timely manner to avoid any insurance lapse. If my child's insurance lapses, I am financially responsible for any and all services rendered.
- By signing this form, I give permission and consent to the use and disclosure of protected health information about my child for treatment, payment and health care operations, and/or as required by law. I give permission to communicate my Private Healthcare Information to Green Chimneys, Children's Services Inc.
- I have the right to revoke this consent, in writing, signed by me. However, such revocation shall not affect any disclosures already made in compliance with my prior Consent. Green Chimneys provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Guardian Signature

Date

Guardian Name (please print)

Relationship