Prairie View
Behavioral & Mental Healthcare

Name: _____

Prairie View Case Number: _____

FINANCIAL AGREEMENT & SIGNATURE FORM

<u>Financial Agreement and Assignment of Insurance Benefits</u>

I understand that an insurance policy is an agreement between the insurance company(ies) and me and that Prairie View is not a party to that agreement. Prairie View and my insurance company(ies) have the right to discuss my insurance benefits. Prairie View may help me fill out forms needed to receive benefits from my insurance company(ies). Any amount paid directly to Prairie View on my behalf will be credited to my account.

MY SIGNATURE BELOW SIGNIFIES:

- I certify that all information provided, including information regarding income and any third party medical coverage is accurate.

- I clearly understand and agree that payment for all services is my responsibility and that any deductible/co-pay amounts are due at the time of service. Prairie View may contact the responsible party of the patient concerning the financial account.

- I request payment of authorized benefits for services furnished by Prairie View be made directly to Prairie View. In the event that I am paid directly by an insurance company, I agree to promptly pay Prairie View.

- I acknowledge that I have received a copy of the Missed Appointment Information Sheet and that a fee will be charged for missed appointments.

- I acknowledge that I have been provided with Prairie View's *Notice of Privacy Practices*, which describes how Prairie View uses and discloses protected health information. If the *Notice* is modified, the revised *Notice* will be prominently displayed and printed copies will be available upon request.

- I acknowledge that I have been provided with Prairie View's Patient Rights and Responsibilities as well as a Prairie View Rate Sheet, and have had this information explained to me.

_____		_____
Printed Name of Patient		**Printed** Name of Representative
_____	***OR***	_____
Signature of Patient		Signature of Representative
Date: _____		_____
		Description of Representative's Authority
		(e.g. Legal Guardian or Durable Power of Attorney)
		Date: _____
_____		
Prairie View Representative		
Date: _____		