



Oliver Behavioral Consultants, LLC

550 Thornton Parkway Suite 550, Thornton CO 80229

Office: (720) 459-7493 **Fax:** (303) 993-6765, (720) 583-2382

OBC FINANCIAL POLICY

Thank you for choosing OBC. Our primary mission is to deliver the highest quality and comprehensive care available.

An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by clarifying financial responsibilities in advance. The following is a statement of our Financial Policy, which we require that you read, agree to, and sign prior to any treatment.

Agreement

OBC fees reflect our commitment to the quality of treatment and materials our patients deserve. We require payment in full at the time of service. If you have insurance, we require payment of your estimated portion (deductible, co-pay, patient portion) for services provided that day. OBC does accept payment from multiple Insurance providers. We also provide in network and out of network services. If you are out of network you will be responsible for the entire charge for the services rendered. For your convenience, we accept cash, personal checks, Visa, MasterCard, Discover, and Amex credit cards.

Billing Statement

Unless we approve other arrangements in writing, the balance on your statement is due and payable when the statement is issued and is past due after 30 days from statement date. Balances older than 30 days will accrue interest at the rate of 1.5% per month or 18.00% per year.

Missed appointment fee

Patients who do not show up for an appointment or cancel with less than 24 hours' notice may be charged a \$65.00 fee. This fee must be paid before a new appointment is scheduled.

Returned check charge

OBC charges a \$35.00 fee for returned checks with non-sufficient funds.

Past due accounts

If your account becomes past due, we may take necessary steps to collect this debt. If a collection agency or attorney must be used, you agree to pay all the collection costs, attorney's fees, and court costs associated with the collection.

Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We cannot compromise on your care, but we can do our best to help you get the benefits you deserve. OBC is obligated to provide you with the treatment you need, but your insurance carrier is only obligated to pay for what your policy calls for. You are the responsible party for payment of services provided whether your insurance company pays or not.

As a courtesy to our patients, we will be happy to file the claim for your benefits from your insurance. However, if we do not receive payment from your insurance carrier within 45 days,

you will be responsible for payment of your treatment fees and collection of your benefits from your insurance carrier. Ultimately, it is the patient's responsibility to keep up with all their insurance benefits and any changes. We cannot and do not guarantee payments from insurance companies and patients are expected to pay their estimated percentages and deductibles at the time their treatment is rendered.

Minors

The parent(s) or guardians accompanying a minor are responsible for the payment. Minors must be accompanied by a parent or legal guardian to receive treatment.

We are committed to providing excellent multidisciplinary treatment to all our patients. By signing this agreement, you agree to all the terms and conditions explained above. Please let us know if you have any questions.

Patient Responsibility

It is our policy to keep credit/debit card on file in order to collect payment for insurance co-payments, insurance deductible, patient portion of services and services not covered by your insurance at time of service.

Every time we run a payment on your credit card; we will send you a receipt for that transaction and documentation for what the charge was for.

If you have an outstanding balance, we will send a separate invoice for services that need payment and will not charge the card on file without your authorization.

Please complete the attached form: Return to OBC within 3 business days. Insurance co-payments, insurance deductible and services not covered by your insurance will be charged.

****An important reminder, any service NOT covered by insurance is the patient's responsibility to cover those balances. It is your responsibility to let the billing department know of any insurance changes immediately****

If you have any questions or concerns reach out to our Billing Department at 720-4597493 or send us an email to billing@oliver-bc.com.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)



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234, Thornton, CO 80229
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Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MC ___ Amex ___ DiscoverCard

Number: _____ Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Call to make other arrangements if amount is higher than \$250.

I authorize Oliver Behavioral Consultants, LLC, to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Patient: _____

Once signed return the completed form to:

Oliver Behavioral Consultants, LLC
550 Thornton Parkway, Suite 234
Thornton, CO 80229

Or Fax to: 720-583-2382

Or Call: 720-459-7493

Email: billing@oliver-bc.com