SANTOS COUNSELING P.L.L.C

3300 Battleground Avenue Ste 303 | Greensboro, NC | 27410 | 336.707.1723
3410 Healy Drive Ste 203 | Winston-Salem, NC | 27103 | 336.707.1723
www.santoscounseling.com | juansantos@santoscounseling.com | @santoscounseling

PATIENT FINANCIAL RESPONSIBILITY FORM

Thank you for choosing Santos Counseling for your health care needs. We are committed to providing you the highest quality of care. The service that you have elected to participate in implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our fees. As a courtesy, we will verify your coverage and bill your insurance carrier on your behalf. We ask that you read this form to acknowledge your understanding of our patient financial policies.

Patient Financial Responsibilities:

- The patient (or patient's guardian, if a minor) is ultimately responsible for the payment of the provided care and treatment.
- We will bill your insurance carrier on your behalf. However, the patient is required to provide the most correct and up to date information regarding insurance.
- It is the responsibility of the patient, prior to the first appointment, to verify your plan's limitations, deductibles, coinsurance, and exclusions.
- Patients are responsible for payments of co-payments, coinsurance, deductibles, out of network and all other procedures or treatment not covered by their insurance plan.
- Coinsurance, copays, deductibles, out of network, and non-covered charges are due within 30 days from receipt of billing.
- Payments can be made in cash, check or by all major credit cards.
- There is a $35 fee for returned checks. Thereafter only cash or credit card will be accepted.
- Please remember that your appointment time has been reserved for you alone. Please provide at least a 24 hour notice for missed or cancelled appointments. Our policy is to charge a $50.00 "no show" fee for any appointment not cancelled or rescheduled within 24 hours.
- For missed appointments (not cancelled/rescheduled within 24 hours), you will receive an electronic invoice and/or mailed invoice that is due upon receipt.

I have read the above policy regarding my financial responsibility to Santos Counseling, PLLC. I understand that if I should default on any payment obligations as called for in this agreement, Santos Counseling, PLLC will have the right to forward my information to a collection agency. By my signature below, I hereby understand that I am financially responsible for charges not covered by this assignment.

Signature:

Printed name:

Date: