



CLIENT FINANCIAL RESPONSIBILITY AGREEMENT

Thank you for choosing Moosilauke Counseling Solutions for your mental health needs. We feel strongly that mental health services should not be cost prohibitive and strive to ensure that individuals and families who rely on insurance can access our services. The following is a statement of our financial agreement. We ask that you read and agree to the terms detailed below prior to any treatment. If someone else (parent, guardian, spouse, domestic partner, etc.) is financially responsible for your healthcare expenses or who is the subscriber of your insurance, we ask that you please share this agreement with them.

1. You are ultimately responsible for all payment obligations that arise from your treatment. If you will be using insurance benefits, you are responsible for deductibles, co-payments, co-insurance amounts, or any other patient responsibility indicated by your insurance carrier. Your co-payment obligation is due prior to a scheduled appointment.
2. It is your responsibility to contact your insurance company if you intend on using insurance benefits to review your specific policy documents to ensure you fully understand the coverage available. The amount insurance companies allow varies based on your individual plan and we may not have clear information on the amount due until after we have processed the insurance payment. Any charges not reimbursed by insurance will be expected to be paid by the financially responsible party.
3. You are required to provide current and accurate insurance information. It is your responsibility to notify us as soon as possible of any changes related to your insurance coverage. Should you not provide updated coverage information, you will be financially responsible for services using the company's self-pay rate.
4. If we are contracted with your insurance company, we will first bill your insurance and then bill you for any amount determined to be your responsibility.
5. If we are not contracted with your insurance company, you will be expected to pay for all services rendered at the beginning of your visit.



6. If you will be using insurance benefits, you authorize Moosilauke Counseling Solutions to verify your insurance benefits and submit your claim to your insurance carrier or other plan provider. You authorize Moosilauke Counseling Solutions to release patient information acquired in the course of your treatment that is deemed necessary to process this claim to the necessary insurance companies or third-party payors.

I have read the CLIENT FINANCIAL RESPONSIBILITY AGREEMENT. My signature below serves as an acknowledgement of a clear understanding of my financial responsibility. I agree to all the terms and conditions contained herein and the agreement shall be in full force and effect.

Client/Responsibility Party/Guardian Name	Signature	Date
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