



**Providence Hood River Memorial Hospital Behavioral Health
IMPORTANT BILLING AND INSURANCE INFORMATION**

Dear Providence Hood River Memorial Hospital Behavioral Health Patient,

We strive to provide excellent care. Sometimes health insurance can be confusing. Here is an outline of your rights and responsibilities to assist you in your health care and insurance decisions. Please don't hesitate to ask us if something isn't clear.

When you sign the consent for treatment it gives us permission to call your insurance company. We will contact your health insurance company to obtain information about the benefits that are available and if and how these benefits may pay for some or all of the services you will receive. We will also obtain preauthorization for payment, and continued authorization for payment when necessary. This does not guarantee your insurance will pay. ***It is very important that you also contact your health insurance company notifying them you are receiving treatment services with us; it will be helpful if you specifically inform them that we use "facility billing*." You will find the number to call on the back of your insurance card. Your health insurance company is to provide you with information about your benefits and answer questions you have about if and how they will pay for services.***

Please note that, *since we are part of Providence Hood River Memorial Hospital, your visit will be billed as an outpatient hospital service (termed "facility billing")—this means that if you are using private (non-Medicare) insurance, you may have to pay your visit(s) in full until your deductible is met. You are responsible for being aware of any deductibles, co-payments, and non-covered services. You will be expected to pay balances unless other arrangements have been made in advance. Fees vary based upon the provider you see and time spent in a session.

By signing this you acknowledge that you understand your responsibility to contact your insurance company regarding your benefits to determine what is covered, and what portion of your bill you will be responsible to pay. You and your therapist will decide the number and length of sessions that will be needed for you to achieve success in our Program. Treatment recommendations are always based upon clinical recommendations.

If you are insured, or uninsured, and are concerned about your ability to pay for the treatment services you receive, please contact our Business Office toll free at 877-215-7833 and ask to talk with a financial counselor. There are a number of programs and options available that you may qualify for to help with your bill.

Providence Hood River Memorial Hospital Behavioral Health

I understand that I am directly responsible for all services rendered. This assignment will remain in effect until revoked by me in writing. I have read and understand all of the above and agree with the terms of this document.

Signature

Print Name

Date

FOR OFFICE USE ONLY

Staff initial:

____ Copy provided to patient

Staff signature:

Copy refused by patient _____

Staff signature

Date