



Client Financial Responsibility Agreement

Welcome to Hudson Valley Mental Health, Inc. We are committed to providing excellent outpatient mental health services to you and our community. We are glad you are here. Hudson Valley Mental Health is a public mental health clinic supported through multiple funding sources including County funding. Therefore, we charge a fee for our services. As a public clinic, however, we do not refuse services based on an inability to pay. We use options such as a sliding fee scale to assist our clients who have difficulty paying.

PAYMENT FOR SERVICES

It is the expectation of HVMH that clients will pay their fee at the time of services. Payment for services is expected each time you receive a service from a therapist or prescriber at Hudson Valley Mental Health. This means that if you have an established sliding scale fee or co-pay determined by your insurance company you are responsible to pay that amount at the time of your visit.

Note: Copay's are determined by your insurance company and cannot be changed or reduced. As the provider of this service we are required to charge you the copay. As the recipient of services you are required to pay your co-payment at time of service.

MONTHLY BILLING AND PAST DUE BALANCES

If payment is not made at the time of services, a bill will be generated. It is the clinic's expectation that payment will be made upon receipt. A past due balance is a balance owed to the clinic for at least 30 days but less than one year. In an effort to resolve past due balances you can contact the Billing Liaison to discuss your payment agreement and identify ways to bring your balance current. If you have a problem paying your established fee please speak to a staff member so that an appointment can be scheduled with our Billing Liaison. The Billing Liaison can discuss your situation and possible payment options available to you.

ACTIVE COVERAGE REQUIRED

Medical insurances such as Medicaid, Medicare, and Private insurance will only pay for the services you receive when your coverage is ACTIVE. Active coverage means that you have paid your periodic premium or spend down and that your coverage has been properly recertified. Verification of your coverage and copayment is very important. If your coverage is not active it is your responsibility to notify the office and be prepared to pay a fee at the time of services. * The only exception to this is if you have written proof that you have re-applied for your insurance and it is actively pending.*

INSURANCE AND TYPE OF SERVICE PROVIDER

The coverage you have may impact which provider you can see for individual therapy or medication management. This is an additional reason you need to be proactive in letting us know about your active coverage and any changes that may occur with your insurance. If our providers are not in your network we will help you connect with another provider in your network. Self-Pay

WORKER'S COMPENSATION CLIENTS

Worker's compensation does not pay for therapy services. A fee schedule will need to be developed to cover worker's compensation cases.