



Clinic Financial Policy

*Fees are important issues to anyone receiving professional services.
Please ask the office staff if you have any questions regarding this information.*

Payment Methods: Payment is required at time of service. Our practice requires that we maintain an Account on File (AOF) authorization for payment from each responsible party in order to provide care while avoiding excessive past due balances. We do not accept cash payments. Checks, HSA, debit, and credit cards are accepted. You may authorize a card payment in person, over the phone, online at olivebranchok.com via the clinic's square account found under the "Payments" tab, or through the ClearGage portal. If a check bounces, you will be charged an additional \$35.00 for each presentation to the bank. Statements are sent on a regular basis as services are processed through billing.

ClearGage Patient Payment Portal: Olive Branch Clinic utilizes ClearGage, a third-party service that helps automate our payment process. A Preauthorized Health Care Payment Agreement is presented before each intake appointment and must be signed in order to begin care. Patients will receive a text and an email with a link to pay any remaining balance or set up payment plans as claims are processed.

Insurance: By signing this document you agree to authorize the release of any and/or all of your information necessary for checking benefits, filing claims, pre-certification, concurrent review, and/or retroactive chart reviews. If you are utilizing your private insurance you are obligated to pay your copay(s) and deductible(s) at the time of service.

Past Due Accounts: Past due balances can get expensive, therefore if your balance reaches \$200 or over, we will be inclined to cancel any future appointments until the balance is below \$200 or a payment plan is signed. Payment plans can be set up at the office, by phone, or through the ClearGage statement in your text/email.

Missed Appointments: If an appointment is No-Showed or Late Canceled without sufficient notice (by noon, one business day before the appointment), you will be billed a \$50.00 No-Show fee for medical appointments and the full cost for therapy appointments. These fees are not billable to insurance.

Responsible Party: Patients over 18 years old and without guardianship are responsible for paying for services. If the patient is a minor, the parent/guardian will be responsible for payment. We will attempt to collect payment from 3rd party payers, but if this fails, payment will be expected from the patient or parent/guardian.

Collections: As a private practice organization, we choose to disengage from sending any accounts to collections. Rather, if accounts are past due and attempts to collect payments are unsuccessful in resolving the past due balance, the clinic reserves the right to terminate care for inability to pay for services, and will provide other resources.

I hereby consent that I have read and agreed to Olive Branch Clinic's Financial Policy.

Date: _____

Signature of: ☐ Parent ☐ Guardian ☐ Client 18 years or older ☐ Other (specify) _____