



Barnabas Behavioral Healthcare, LLC

Specializing in the Strategic Integration of Behavioral and Medical Care

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FINANCIAL POLICY

Our continued participation in your health plan depends upon everyone fulfilling his or her obligation in accordance with the contracts. Patients are responsible for all deductibles, co-payments, coinsurance and non-covered charges. As a service to our patients, we call your insurance to get a description of benefits. This office is not responsible for incorrect benefit information given to us by your insurance carrier, or changes in coverage after verification date. A description of benefits is not a guarantee of coverage and cannot be relied on as such. In the event of non-payment by your insurance company the charges on your account will be your responsibility. Payment is due at the time service is rendered. We accept Visa, MasterCard, Discover, American Express, Personal Checks and Cash for your convenience and can now accept payment through the patient portal.

All co-payments are collected before time of service. If you want to verify the insurance benefits quoted yourself, please call your insurance company.

PATIENT CONSENT: I hereby give consent for such medical treatment for myself or I am duly authorized by the patient and his/her general agent to consent for such treatment.

ASSIGNMENT OF BENEFITS: I hereby authorize payment for medical benefits directly to the provider of the services rendered.

RELEASE OF INFORMATION: I hereby authorize the release of any medical information necessary to process any insurance claims.

MENTAL HEALTH COVERAGES: Please refer to the back of your insurance card to determine where the claims need to be filed for your mental health coverage. Please be aware, that some insurance policies may have a third party for their mental health benefits.

***For example, Blue Cross Blue Shield State policies allow medical visits and mental health visits to be filed to the same location, however some Blue Cross Blue Shield policies require mental health benefits to be filed to a completely different insurance company.

We strongly encourage you to check with your insurance company to determine where these claims should be filed and if your provider is in network. It is possible that your provider may be in network with the insurance company on your medical card but not in network with your mental health coverage.

Acknowledgement of Financial Policy

I have read, understood, agree, and received a copy of Barnabas Behavioral Healthcare LLC **Financial Policy** and a copy of this form will be retained in my medical chart.

Signed: _____ Date: _____

Patient Name: _____

Parent/Guardian
Name: _____

Patients under the age of 18 require parent or legal guardian signature