Insurance Payment(s):

I understand House Call Medical Services, LLC will bill my insurance for services received either medical or psychiatric. I understand I am responsible for co-pays or out of pocket expenses not covered by my insurance. I understand it is my responsibility to notify House Call Medical Services or its provider(s) of any changes to insurance. I agree to allow House Call Medical Services, LLC to accept direct payment from insurers. I authorize disclosure of required clinical information to my insurance company or its authorized representatives for the purposes of reimbursement for services received.

Financial Agreement:

I understand I am responsible for all fees, regardless of insurance coverage.
I understand if I have an unpaid balance to House Call Medical Services and do not make satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for reimbursement of the fee of any collection agency, which may be based on a percentage at a maximum of 35% of the debt, and all costs and expenses, including reasonable collection and attorney's fees incurred during collection efforts.

In order for House Call Medical Services or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that House Call Medical Services and the designated external collection agency are authorized to (i) contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me,

(ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide and (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable. Furthermore, I consent to the designated external collection agency to share personal contact and account related information with third party vendors to communicate account related information via telephone, text, e-mail, and mail notification.

Travel and Missed Appointment Fees:

House Call Medical Services charges a nominal travel fee of $20 per housecall. This fee is used to help offset costs associated with fuel costs and provider time spent traveling to the patient. In order to simplify collection of this fee, we ask that you provide a credit card number to be kept on file. Signing of this form authorizes House Call Medical Services to process this travel fee on the day of the appointment. If you need to pay by cash or check, this must be arranged prior to the appointment and your account must stay in good standing.

Every missed appointment may be assessed a $40 fee. Missed appointments are defined as appointments not cancelled or rescheduled through the office at least 24 hours before the appointment. This fee must be paid prior to scheduling the next appointment. Three or more missed appointments may result in termination from the practice. Please remember we do offer telemedicine appointments, which may help reduce the need to reschedule.

Consent to Treat:

I hereby grant consent for treatment or services to be provided by House Call Medical Services, LLC. I understand and certify no guarantee or assurance has been made regarding any results which may be obtained.

Counseling Consent:

I understand that I must be committed to attend sessions on a consistent basis in order to receive the greatest benefit from therapy. Confidentiality is essential to effective therapy. All information obtained during the process is confidential and will only be relayed to other parties with your consent. I understand that information may be released to others involved in your treatment such as your medical providers and when legally required.

_____

Name of Patient-please print Signature of Patient,DPOA,Guardian/Authorized Agent

_____

Relationship to Patient Date Witness Signature

_____ I would like a copy of this form for my records.