

Wetzel Rasmussen Counseling Services
PO Box 278
Elcho WI 54428-0278
715-275-3934

Patient Financial Policy

Patient's Name: _____ **DOB:** _____

Patient agrees to pay for all portions of services due in full at the time services are provided by our office. You are required to present a valid insurance card at every visit and as needed throughout your care.

Commercial Insurance Carriers: If proper paperwork is provided to us we will bill most insurance companies. Any outstanding balances, co-payments and deductibles are due prior to checking in for your appointment. Since your agreement with your insurance carrier is a private one we do not routinely research why the insurance carrier has not paid or why it paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing the fees are due and payable in full from you.

Medicaid: Our office is a Medicaid participating provider and we will bill Medicaid for you, any outstanding balances, co-payments and deductibles are due prior to your appointment.

Worker's Compensation: If your visit is work-related we will need the case number and carrier name prior to your visit in order to bill the worker's compensation insurance company.

Methods of Payment: Our office accepts cash, personal check, credit cards and patient financing options for those patients who are credit worthy. For return checks we assess a \$25.00 NSF charge, and report to the local district attorney's office if the check is not paid within 2 weeks of being returned to our office.

If the account is not paid according to terms the patient understands that our office reports to an outside collection agency. In the event that the account is turned over for collections, the patient agrees to pay all additional fees assessed in the collection of the debt. These fees include collection agency fees and attorney fees.

_____ Date: _____

Patient Signature or Patient guardian

_____ Date: _____

Independent Contractor