



HILLSIDE PATIENT FINANCIAL RESPONSIBILITY POLICY

PATIENT NAME: _____ Date of Birth: _____

Thank you for choosing Hillside as your healthcare provider. We are committed to providing you with quality and affordable services. Please review this Financial Responsibility Policy. It is important for all patients to understand these policies and their insurance benefits.

Verification of Eligibility and Benefits

As a courtesy, our admissions staff will contact your insurance company through an electronic verification system and/or by phone to confirm your insurance benefits. Unfortunately, this system does limit the information Hillside can obtain on your behalf to only 1) your insurance effective dates, and in most cases 2) the amount due at the time of service (Co-Payments, Co-Insurance, and Deductibles). Please note that verification of eligibility and benefits is NOT a guarantee of payment of claims. Your insurance company determines payment on a claim by claim basis. Any patient responsibility amounts provided by Hillside are only estimates based on best information available. These amounts may be different when claims process and your financial reasonability may vary.

Steps that you Should Take to Ensure that you Understand your Benefits and Financial Responsibility Prior to Admission

Contact your insurance company to ask or verify the following:

- Notify your insurance carrier of the services you will receive
- Does your plan require pre-authorization or a notification of the services?
- Is the facility in-network?
- What amount will your plan pay for the services?
- If applicable, verify any out-of-pocket amounts for the services.
- Before you end the call, obtain a call reference number.

Insurance Claims

Hillside will submit your claims and assist you in any way we reasonably can to help get your claims paid. In order to properly bill your insurance company we require that you disclose to us all insurance information including all primary and secondary insurance, as well as, any change of insurance information after admission. Your insurance company may need you to supply certain information directly. Failure to provide complete insurance information or respond to requests from your insurance company in a timely manner may result in patient responsibility for the entire bill.

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance. If we are out of network for your insurance company

and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; Hillside does not participate in that contract.

Co-payments, Co-Insurance and Deductibles (Out-of-Pocket)

All Out-of-Pocket amounts must be paid at the time of services. This arrangement is part of your contract with your insurance company. Hillside will request pre-payment of anticipated Co-Payments, Co-Insurance and Deductibles, for future services based on information provided by your insurance company. These payments will be applied to claims as they process by your insurance and any excess will be refunded or additional amounts will be billed to you. If you have Medicaid as a secondary insurance be aware that Medicaid may not cover Co-Payments, Co-Insurance and Deductibles. Medicaid will only pay for service when preauthorized treatment is approved and ONLY when Primary Insurance stops payment due to denial of services. Medicaid is always the payer of last resort.

Professional Fees

Patients with the following insurance companies, Aetna, Beacon Health Options, Value Options, Behavioral Health Solutions, Cigna, CoreSource, First Health, HealthSCOPE, Humana, Magellan, Meritain Heath, MHNNet, and Coventry may accrue an out-of-pocket expense for professional fees. This may fall under your plans Deductible, Co-insurance or Co-Pay. If an out-of-pocket expense applies to your plan, Hillside will send you an invoice for these amounts.

Self-Payment Requirements

If you do not have insurance that will cover the services or you contract with Hillside for services not covered by insurance, you will be required to pay a deposit up front to cover anticipated charges. You will also be required to make periodic payments for additional services as your deposit is used to cover current services.

Outstanding Balance Policy

If your account is over 30 days past due, you will receive a letter from Hillside. If a balance remains unpaid, Hillside may refer your account to a collection agency or attorney. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs.

Regardless of any personal third party arrangements that a patient might have, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. For Minors, the parents or guardians are responsible for full payment and will receive the billing statements. Statements will be mailed to the guardian who signs below. Any shared payment arrangements between guardians must be made between the guardians. Hillside will not mail statements to multiple parties. Either guardian may mail payments directly to Hillside.

USEFUL DEFINITIONS

Co-insurance – A set percentage you pay for covered healthcare expenses to share the cost with your insurance company; typically paid after an annual deductible is met.

Co-payment – A set fee you pay for a covered healthcare service that is collected at the time of service.

Deductible – Amount of expenses that must be paid out-of-pocket before an insurer will pay.

Facility – Where the services will be performed. Hillside Inpatient and Partial Hospitalization services are performed at a Psychiatric Residential Treatment Center.

In-network – Healthcare providers and facilities that contract with your insurance company at a preferred rate.

Out-of-network – Healthcare providers and facilities that do not contract with your insurance company.

Reference Number – A number given to reference a call made to your insurance company to verify benefits. This number will help to resolve an issue if there is a discrepancy involving payment of service.

INSURANCE COVERAGE

___ I certify I have _____ insurance as primary coverage for benefits.

___ I certify I have _____ insurance as secondary coverage for benefits.

___ I certify that I DO NOT have Medicaid as coverage for my child.

Most Insurance companies require precertification to authorize Residential, Partial and Outpatient Services to authorize the use of your benefits to cover the service. Hillside will contact your Managed Care Organization (Insurance) prior to services being rendered to obtain preauthorization for the service; as well as continually requesting further days for continued treatment. If at any point in the course of treatment your Insurance states that your child is not meeting medical necessity for treatment then their authorization of services could end; even though your plan still has the benefits. Hillside will keep you informed of the status of the authorizations as we are informed by your Insurance. You will be fully responsible for all related charges should the authorization become denied and Hillside is unable to overturn that decision. This can come up quickly in the course of treatment, and while Hillside will make every attempt to inform you of your status, at times we are informed after a review and thus some days may be uncovered. We will inform you as we go along and allow you to make appropriate decisions and payment arrangements should your case go into denial status.

___ I understand I am financially responsible for any unfunded days by my Insurance.

If you have Medicaid as a secondary insurance be aware that Medicaid may NOT cover any Co-Payments, Co-Insurance and Deductibles. Medicaid will only pay for service when preauthorized treatment is approved prior to treatment and ONLY when Primary Insurance stops payment due to denial of services. Medicaid is always the payer of last resort.

Medicaid only pays at the contracted rate provided by the State and that rate is lower than any Commercial or CMO rate. Thus any Out of Pocket expenses such as Co-Payments, Co-Insurance and Deductibles will not be picked up by Medicaid if Private Insurance rates are higher than Medicaid.

_____ I understand that Medicaid may NOT pay any of my Out of Pocket expenses as a Secondary insurance plan.

FINANCIAL POLICY ACKNOWLEDGEMENT

I have read and understood the above financial policy; I understand that, regardless of my insurance claim status or absence of insurance coverage, I am ultimately responsible for the balance on my account for any services rendered. I understand that payments can be made by Cash, Check, Major Credit Cards, or Debit Card. I agree that if my account is referred to a collection agency or attorney I will be responsible for all costs of collection on my account including attorney's fees, and any interest on money due.

Patient Name (please print)

Signature

Date

Guardian Name (please print)

Signature

Date

[If Patient is Under 18]

RELEASE OF MEDICAL INFORMATION AND ASSIGNMENT OF BENEFITS

I authorize the release of medical information necessary for filing health insurance claims for me by Hillside, Inc. I also authorize my insurance carriers to make payment directly to Hillside, Inc. I also authorize Hillside and its employees to communicate with me via postal mail and any communication methods that I have provided (Phone, e-mail) related to Insurance & billing issues.

Patient Name (please print)

Signature

Date

Guardian Name (please print)

Signature

Date

[If Patient is Under 18]