

CRISIS RECOVERY SERVICES

Insurance Release & Payment Acknowledgement

Welcome to Continuum Recovery Services. We look forward to working with you and making your visit a positive one. In an effort to reduce additional operational costs, we request payment for services provided at the time of service unless you have a contracted insurance plan, as applicable. Please understand that payment(s), for services that you receive, are a part of your treatment. We will do everything we can to aid you in receiving the maximum allowable benefits, from your insurance carrier; however, you are ultimately responsible for your account. CRS will bill your insurance accordingly. Any balance due will be your responsibility.

A financial agreement will be established and agreed upon with Continuum's finance department prior to admission into any of the CRS programs. Payment for service may be made, as approved by the insurance provider, or by the financial sponsor of money order, cash, certified bank check, or credit card. It is Continuum of Care's policy not to accept checks endorsed over to the Agency. All payments must be remitted to the address noted above; the program managers, clinicians, and/or its direct care workers are not permitted to accept payment. An account is considered overdue if not paid within 10 days of the billing date. A late fee will be charged on account balances which remain unpaid for five (5) days or more after the same becomes due at the rate of \$15. It is agreed that if collection efforts are needed to collect any debt associated with service fees, the Client and/or their authorized representative agrees to be responsible for the costs of collection.

Your insurance coverage is your responsibility. We will verify benefits, however any unpaid balances, will be your responsibility. Some insurance plans require that the Client contact them for Prior Authorization. This is your responsibility and not the programs. Failure to contact them as required, may result in you being responsible for the full amount, of your charges. If you have questions about your coverage, please contact your insurance carrier. Providing COC with current and accurate insurance information will allow us to obtain the quickest response from your insurance. We do not participate with all insurance carriers. This means your insurance may not cover services at the same rates, as if you were seen by a participating provider.

For Minor Patients or those with a Legal Guardian/Conservator, the Parent/Guardian/Conservator and/or Guarantor is responsible for the payment at the time of treatment. Unaccompanied Minors MUST have pre-authorization, from the Parent/Guardian/Conservator. Payment is expected at the time of service. The Parent(s)/Guardian(s)/Conservator(s), presenting the patient for treatment, is the responsible party for all balances due. Please note that statements will only be sent to the Responsible Party, as indicated on the Client's Intake.

If you have a credit balance, a refund check will be issued to you promptly within 10 business days.

Continuum of Care, Inc. maintains worker's compensation and all applicable insurance coverage for any and all of its employees providing services rendered and agreed upon.

Assignment & Release

Commercial Insurance: Once approved for services, I hereby assign my insurance benefits for both in-network and out-of-network agreements, to be paid directly to Continuum of Care, Inc. / CRS. I understand that I am financially responsible for any non-covered services and the differences. I further authorize CRS to release any information required to process my claims.

(Continuum's finance department will discuss with the financial sponsor, services that are not or are unlikely to be covered by the insurance provider).

Self-Pay: Once approved for services, I acknowledge and understand that I am responsible the payment of services in self-pay agreements.



109 Legion Avenue New Haven, CT 06519. Phone 203-562-2264 Fax 203-401-4020 www.continuumcrisisrecovery.com

Client's Name (Print) Signature Date

Custodial Parent/Legal Guardian/Conservator Name (Print) Signature Date

Relationship to Client

Financial Sponsor (Print) Signature Date

CRS needs consent from you to begin treatment and utilizes this consent as an agreement between the person served and CRS. When we use the term "person served" below, it will mean child, relative, or other person documented above. When we examine, diagnose, treat, or refer the person served to another provider, we will be collecting Protective Health Information (PHI) about the person served. We need to use this information to decide what treatment(s) are best for the person served and to provide treatment(s) to such individual. We may also share this information with others who provide treatment to the person served, require it for payment information, or for other business/operational functions. Any and all records that may be reviewed by regulatory or accreditation bodies, or other reviewers as part of the Agency's internal quality improvement activities will be kept strictly confidential. By signing this form, you are agreeing to let us use information and share it with others.

By signing below, I further acknowledge and understand the financial responsibility for myself and/or the client listed below above client

*Questions or Concerns regarding Insurance Release & Payment Acknowledgement may be directed to
Continuum of Care, Inc.'s AR Billing Manager at
109 Legion Avenue, New Haven CT. 06519 or by calling 203-562-2264 x134*