

- **Insurance Billed Services** - Co-payments & deductibles are due at the time of service.
- **Insurance Participation** - Our providers participate with different insurance plans. We make every attempt to schedule you with an in-network provider; however, it is the patient responsibility to confirm that any/all providers with whom they are scheduled with are participating in their insurance network. Patients will be responsible for charges incurred for services rendered by an out-of-network provider.
- **Insurance Benefits** - Please be aware that mental health benefits are normally different from your medical benefits. Indiana Health Group does not verify insurance benefits information until after your initial visit with our group. It is your responsibility to verify and familiarize yourself with your mental health benefits.
- **Changes to Insurance** – It is your responsibility to make sure we have your most current insurance card on file. Sometimes insurance may change to a different insurance company, other times it may just be a simple change to your ID number. Anytime you receive a new card, please notify our office or you can upload a copy through our website.
- **Claims Submission** - Indiana Health Group will file all claims with your primary insurance company upon submission of proof of insurance. Indiana Health Group will file secondary insurance claims for contracted insurance carriers only.
- **Past Due Balances** - Our office reserves the right to cancel or refuse services for patient accounts with past due balances. Patients will be unable to schedule appointment if they have 2 outstanding co-payments, an account balance of \$100 or more, or if your account balance is greater than 30 days past due after insurance processing.
- **Returned Check Fees** - All returned checks would be assessed with a \$30 processing fee. The original check amount plus the processing fee must be paid at your next appointment or within 10 days.
- **Statements** - will be mailed at the beginning of each month. Payment in full is due upon receipt of the statement.
- **Acceptable methods of payment** - Cash, Check, Money Order, and bank cards including VISA, MasterCard, Discover and American Express.
- **Claim / charge dispute** – Our clinical, clerical staff, and/or billing department personnel are unable to waive or modify fees. The decision rests with the administration of Indiana Health Group. The patient must complete and submit an account dispute form that is available on our website under the Forms tab.
- **Financial Responsibility** - The patient / responsible party are responsible for all charges incurred with Indiana Health Group.
- **Collections** - Accounts in violation of our financial policy are subject to placement with a third-party collection agency. The patient will be responsible for reasonable attorney and collection fees.

NON-COVERED SERVICES

- **Forensic / Court / Legal** - Individual provider fees vary; however, these fees will have a minimum of two times the provider base rate. Payment in full is due at the time of scheduling. Fees are non-refundable unless cancelled 48-hours in advance.
- **Document Preparation** - Document review with signature only will be charged a minimum of \$10.00. A fee of \$50 per every 15 minutes of time required to complete paperwork (including but not limited to work, disability, FMLA, life insurance, etc.) will be charged for all forms completed outside of your scheduled office visit.
- **Medical Records** - A current written release of information is required for all requests. All requests for medical records will be charged according to Indiana State Law. Payment is due prior to the processing of your request. There is no charge for records released directly to another healthcare professional for treatment purposes.
- **Case Management** - Services provided outside of scheduled appointment times. (A consultation either via telephone or in person with parties outside of Indiana Health Group, such as family members, school officials, attorneys, physicians, etc.) A release of information is required.

OUT OF NETWORK BILLING

- Private Pay Services / Out of Network Insurance Billed Services - Payment in full is due at the time of service.
- For your convenience Indiana Health Group will file out of network claims upon proof of insurance.
- IHG is not responsible for obtaining authorization for out of network services.
- Discounts will not be applied to out of network claims.
- IHG is not responsible for processing errors caused by the insurance on out of network claims.
- IHG is not responsible for pursuing payment from the insurance for out of network claims.