

Heritage Counseling Center, Inc
24020 W. Riverwalk Ct. Suite 100
Plainfield, IL 60544
Ph# (815) 577-8970

Financial Policy Statement

Heritage Counseling Center, Inc would like to thank you for choosing us to provide your counseling needs. The policies listed below have been approved by management with the goal of providing quality and professional service to our clients.

Heritage Counseling Center, Inc shall provide services regardless of race, color, creed, handicap, socioeconomic status and sexual orientation.

Bill Responsibility

All patients or guarantors receiving services are financially responsible for the timely payment of all charges incurred. While Heritage Counseling Center, Inc will file claims with the patient's designated insurance company as a courtesy, the patient/guarantor shall ultimately be responsible for any outstanding balance not covered by insurance in accordance with the posted counseling fees presently in effect.

Balances post insurance payment due within the guidelines of your insurance card holder agreement unless other satisfactory arrangements have been made with Heritage Counseling Center, Inc.

Not all services are covered by all insurance companies. It shall be understood that by accepting and consenting services, the patient is responsible for payment regardless of insurance coverage.

Point of Service Collections

Payment for services is due upon services rendered. Non-emergency services may be deferred until necessary payment arrangements have been established.

Clients unable to comply with Point-of-Service payment policy will be assisted in making necessary arrangements.

If patients account is not paid in full or a satisfactory arrangement made within allowable time frames, Heritage Counseling Center, Inc reserves the right to refer the account to an attorney and or a collection agency.

Payment Arrangements

Heritage Counseling Center, Inc will make a reasonable effort to assist patients in meeting their financial obligations. Financial arrangements or payments shall be at the clinician's discretion based on the amount due.

Acceptance of Insurance

The clinic will accept "Estimation of Benefits" on verified insurance policies and submit a claim on patient's behalf. It is understood that insurance is filed as a courtesy and does not relieve the patient of financial responsibility.

Patients/guarantor shall be responsible for all balances due post insurance payment.

Rejected Claims

Our clinicians and office manager are here to assist you with your insurance questions. Coverage issues can only be addressed by your employer or group health administrator. Although our assistance is available we cannot act as a mediator on your behalf.

Clients Signature/Responsible Party: _____

Date: _____

Therapist Signature: _____

Date: _____