

# **Authorization for Treatment**

Thank you for choosing Health Directions for your health care needs. We are committed to providing quality, personal and comprehensive individual care. We ask that these policies be read and understood so that we can provide quality service at customary and practical rates.

# 1. Consent for Treatment:

a. I hereby authorize, and acknowledge to work with, the authorities of Health Directions, and the therapist(s) in charge of my/the case, to administer such treatments as may be deemed necessary for the interest and care of me/the individual described on this form.

# 2. Payment Agreement:

- a. A fee will be charged for the reserved time, for your appointment.
- b. Sessions shortened by the individual will still be charged at full reserved fee.
- c. Full payment is due at time of each appointment, unless managed care insurance covers authorized services.
- d. Co-payments are due in FULL at the time of each visit.
- e. If you are not utilizing insurance, payment is due in full at each visit.
- f. RESPONSIBILITY of an account balance is that of the Individual NOT the insurance company.
- g. Health Directions bills insurance companies as a courtesy. We do not bill secondary insurance companies.

# 3. Workers Compensation Claims:

a. In the event you seek treatment after filing a workers compensation claim and are denied payment for a filed claim in regards to your current situation, understand that you will still be responsible for full payment of all Health Directions charges.

#### 4. Release of insurance related information:

- a. I authorize insurance payment(s) to be made directly to providers of Health Directions.
- b. I authorize Health Directions to release any information about me to insurance carriers needed to process claims.

# 5. Delinquent Accounts:

a. Any account balance which is 60 days past due will be asked to be paid by the individual prior to the scheduling of your next appointment. Should insurance payment be received at a later date, your credit balance will be refunded.

# 6. 24-hour Cancellation:

a. Appointment must be cancelled 24 hours in advance otherwise the individual will be responsible for the CHARGE of the reserved time.

### 7. Phone Consultations:

- a. Charges are according to Health Directions fee schedule. Please be aware that **most insurance companies DO NOT pay for this service**, making payment is the individual's responsibility.
- 8. Treatment information about you is only released in accordance with Illinois and/or Federal law. Specifically the Federal Regulation of Confidentiality of Alcohol and Drug Abuse Patient Records and The Illinois Department of Mental Health and Developmental Disabilities Confidentiality Act and the Health Insurance Portability and Accountability Act (HIPAA) control this release of treatment information.

Please sign below to authorize treatment and acknowledge receipt of our Notice of Privacy Practices:

Printed Name of Individual	ID#	Date
Signature		Relationship to Individual
Witness		
If individual is a minor or unable to s	sign, state reason:	