LEGACY
MENTAL HEALTH CENTER

Guarantee of Account

I hereby guarantee payment in full of all charges for services provided to myself and to (if applicable) _____ by _____.

I understand and agree that, while this office will assist me in obtaining reimbursement from my insurance carrier, the responsibility for payment of the bill is entirely my own and the estimate of insurance coverage by this office is in no way guaranteed. You may contact your insurance carrier for precise benefit information.

Legacy Mental Health Center can make no guarantee that your insurance company will provide payment for services rendered. It is your responsibility to know what is and is not covered under your policy. You are responsible for the full amount of your charge, whether or not your insurance will cover any portion.

If your insurance company requires pre-authorization of services you are responsible to inform us. Be aware that some insurance companies have an annual maximum benefit for outpatient mental health coverage.

I understand that Legacy Mental Health Center staff may provide some services such as correspondence, telephone contact, court appearances, court case review, and report writing that may not be reimbursed by my insurance carrier. Charges vary based on time spent and type of service. I am responsible for these charges.

I understand and agree that I will be charged $90.00 for any late canceled appointment and for any failed appointments. A late canceled appointment is any appointment that is canceled with fewer than 48 hours notice. At the discretion of Legacy Mental Health Center your services may be discontinued due to excessive failed appointments or late cancels.

I understand that Legacy Mental Health Center has the right to take legal action to collect any outstanding balance on my account if it should become seriously in arrears. I agree that I am financially responsible for all collection costs and attorney's fees.

Client Name

Social Security Number

Home Phone

Cell Phone

Work Phone

Date of Birth

Signature of Client/Guardian

Date

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