LAKEVIEW TMS CENTER
INSURANCE/PROVIDER POLICY

FEES & PAYMENTS

Charges differ depending on the nature of the service rendered. Inquiries regarding fees or payments should be directed to the office staff. Full payment is required at the time services are rendered. If you require additional time from your allotted appointment, please inform the office prior to your visit and an additional fee will be added.

Our office accepts the following forms of payment; Visa, Mastercard, Discover, American Express, check, and cash only. *Please note the office will charge a $50 returned check fee for ALL returned checks*

Consent to Release Claims Information/Assignment of Benefits

I hereby assign, transfer and set over all right, title and interest to my medical reimbursement benefits under my insurance policy

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I hereby consent Lakeview TMS Center to release and disclose any information required for my insurance carrier, managed care company or review agency for the purpose of treatment, healthcare operations, and evaluation of claims for payment.

I understand insurance billing is a service provided as a courtesy, and I am personally responsible for any fees not covered by insurance. Also, for any deductible, co-pay or any other balance not covered by my insurance.

Cash or self- pay patients are responsible for all and any remainder balances or partial insurance balances.

I have read, understand, and agree to the above fee schedule.

Print Patient Name: _____ Date of Birth: _____

Patient/Legal Guardian Signature: _____ Date: _____

Witness: _____