



## Financial Agreement

### Financial Agreement

- I certify that the information I have provided regarding my insurance is current and correct.
- I agree to assume full, primary responsibility for payment of all charges for services I receive from Liberty Resources, if not paid by my insurance company or other party.
- I give permission to Liberty Resources and its agents to disclose my protected health information and billing information to my insurance company or others as necessary to obtain payment for services and authorizations, including confidential HIV related and alcohol or substance abuse related information.
- I agree to pay any amount of money I owe for the services within 30 days after I receive a bill.

### Assignment of Benefits

- I assign to Liberty Resources any monies and benefits payable to me under any health insurance or other insurance policy, governmental program, or other party providing benefits for all or a part of the services provided.
- I agree to pay Liberty Resources within 30 days of receiving any payment made directly to me by my insurance or other party.
- I agree to complete any forms necessary to obtain payment or assignment of such monies or benefits.
- I understand that payment for services rendered is subject to the deductibles, co-pays and in-network or out-of-network benefits specified by my individual insurance policy.

### Client Responsibility

- I agree to notify Liberty Resources within 5 business days of any changes in my insurance coverage.
- I agree to provide a copy of my insurance card for authorization and verification.
- I accept full responsibility for any co-pays and uncovered expenses related to my treatment at Liberty Resources.

### Loss of Insurance, Non Coverage Responsibility

- If you do not have other insurance and are unable to pay the full fee, please discuss this matter with our Benefits Specialist. You may be eligible for a reduced or sliding fee based upon your financial resources, if you are uninsured. You are responsible to pay this amount before each session. If you are unable to pay before each session, please contact a Benefit Specialist to discuss options. The reduced fee is subject to change based upon a change in your financial resources.
- The fee schedule is available on our website and/or upon request.