



Client Consent and Acceptance of Clinic Policies

Benton Health Services (BHS) provide information that all clients need to know in order to have the best experience possible. Please read the information provided to better understand our policies and your rights and responsibilities as a client.

Clients Right and Responsibilities

Clients of BHS have certain rights and responsibilities that are explained in the “Client Rights and Responsibilities” brochure. You are responsible for complying with these as a client of BHS. There is also a brochure that describes the “Client Complaint and Grievance Process”. Please contact us with any questions you may have.

Financial Policy and Billing Consent

Clients are responsible for paying for services in full. If you have insurance, please bring your insurance card each time you receive services. Clients are responsible to pay for co-pays required by insurance at the time of service. You are also responsible to pay for services or amounts not covered by your insurance. If there is a concern about paying for your portion or if you do not have any insurance you may ask to apply for the Sliding Fee Scale program. Programs (ACIST, MCH, etc.) that do not have client charges associated with services will be excluded from self payment requirements.

Clients are expected to pay at least the sliding fee scale minimum fee or insurance co-pay amounts at the time of visit (Minimum fee does not apply towards Public Health or Title X services.) If you are concerned about your ability to pay the balance you are encouraged to talk with our Business Office staff to set up a payment plan. A fee of \$12.50 will be charged for all checks returned for non-sufficient funds (NSF) or written on a closed account.

BHS will refund credit balances of less than \$5.00 by request only. If you receive a refund check in the amount of \$20.00 or less and do not cash it within 90 days, you will forfeit the amount as a service charge (OAR 98.311).

Insurance Assignment

By signing below, I authorize any payment of medical benefits from my insurance to be paid directly to BHS. If I receive payment for services provided by BHS, I agree to forward the payment to BHS for payment on my account. If I do not forward payment to BHS, I understand I will be responsible for all charges for my services, regardless of insurance coverage. BHS cannot accept responsibility for collecting my insurance claims or negotiating a settlement on a disputed claim. Finance charges may be assessed against any accounts, including those that will be paid ultimately by insurance benefits. Benton Health Services fees may not be the same as those reimbursed under Medicare, Medicaid, TRICARE, VA, etc.

Lab Information

Benton Health Services staff performs some of the lab tests done in the clinic while others are sent to outside laboratories. Patients will receive separate billing for tests done by an outside lab and are responsible for making payment to the lab provider.

Name _____
Client # _____ DOB _____

Mental Health Clients Only

By initialing below, I certify that I have gone over the following with my treatment provider:

_____ Treatment information, access to crisis services, and attendance policies

_____ Treatment alternatives that may be available

_____ Use of Mental Health Directives

_____ Clinician Signature

Patient Acceptance and Authorization

By reading and signing this form I accept my rights and responsibilities as a client and consent to the treatment and services provided by Benton Health Services. I accept full responsibility for all charges whether or not they are covered by insurance. I authorize BHS to release all information necessary to my insurance company to make payment. I have read and understand the above information and hereby give authorization for payment of insurance benefits to be made directly to BHS for services rendered.

_____ Patient's Signature/Authorized Representative

_____ Date

_____ Printed Name

_____ Minor's Signature (if applicable)

_____ Witness Signature (Required for Minor Above)