DeCoteau Trauma Informed-Care and Practice PLLC

Patient Information

Last Name: _____

First Name: _____

Middle: _____

Date of Birth: _____

Social Security # _____

Address _____

_____

Check the one that applies to you

Married_____ Single____ Other___ Employed ____ Student____

Female _____ Male_____ Other_____

Caucasian/White _____ African American/Black _____ American Indian_____

Hispanic/Latino _____ Asian _____ Other _____ Declined _____

Appointment Reminder: _____Text _____Phone_____ Email

Fill out the one that applies to you

Home Phone_____ Cell _____

Work_____

Email address: _____

Emergency Contact: _____

Fill out the one that applies to you

Father's Name: _____

Father's Phone: _____

Mother's Name: _____

Mother's Phone: _____

Foster Parent Name_____

Foster Parent Phone_____

Foster Parent Email _____

Custodian Name _____

Custodian Phone _____EXT _____

Custodian County_____

Insurance Information

Insurance Company: _____

Policy Holders Name: _____

ID Number: _____

Copay Amount: _____

Please provide your insurance card for copy

Self Pay Information

Self-pay clients must pay for service prior to services rendered

Please let DeCoteau Trauma Staff know if you are self-pay.

Thank you.

ASSIGNMENTS AND RELEASE:

- I have read and understand the HIPAA/Privacy Policy for DeCoteau Trauma Informed Care and Practice, PLLC
- I herby assign my insurance benefits to paid directly to the healthcare provider.
- I authorize DeCoteau Trauma Informed Care and Practice, PLL to release medical information required to process my insurance claim.
- I have read and understand the Financial Policy for DeCoteau Trauma Informed Care and Practice, PLLC
- I authorize DeCoteau Trauma Informed Care and Practice, PLLC to contact me by telephone, email or text to remind me of my appointments.
- I acknowledge that I have received a written copy of the DeCoteau Trauma Informed Care and Practice, PLLC Notice of Privacy Practices.
- I acknowledge that I have been allowed to ask questions concerning this notice and my rights under this notice.
- I understand that this form will be part of my record until such time that I may choose to revoke the acknowledgement.
- If I am not the patient, I represent that I am Authorized by law to act for and on the patient's behalf.
- If I am the client, or an individual legally obligated to pay for medical services provided to the client or guarantor of payment, I agree to pay and am financially responsible for DeCoteau Trauma-Informed Care & Practice, PLLC's established charges for all services, facilities and supplies provided to the client.

Signed: _____

Date: _____

Patient Name: (Please print) _____

Patient Date of Birth: _____

DECOTEAU TRAUMA-INFORMED
CARE & PRACTICE, PLLC
515 ½ E. Broadway Ste. 106
Bismarck, ND 58501
701-751-0443

SERVICE AGREEMENT

BILLING PROCEDURES AND POLICIES:

DeCoteau Trauma Informed-Care & Practice, PLLC will submit your claims to your insurance provider. In order to do so, we must have a copy of your current insurance card. If you **DO NOT** have insurance, we require payment **prior** to receiving mental health services.

If you have a co-payment for mental health services, that co-payment is due the day services are rendered. We accept cash, credit cards, and checks for payment.

Payments are expected within 30 days after you receive your statement. If you are unable to pay your balance in full, we can discuss a payment plan. However, if your balance exceeds $250.00, treatment will be suspended and no new appointments will be scheduled until your balance is brought to good standing. There will be a $25 charge on all returned checks.

MEDICAID COPAYMENTS:

There is a $2.00 co-pay for Medicaid recipients (co-pays do not apply to children). Co-pays are due the day services are provided. If your co-pay is not received prior to your appointment, it will be charged to your account. Co-pay balances cannot exceed $10.00. If your co-pay exceeds $10.00, treatment will be suspended and no new appointments will be scheduled until your balance is $10.00 or less.

Please Note: You are required to make monthly payments or a payment in full (balance must be kept at $250.00 or less to continue services). You will be sent statements. If the balance is past due you will be notified. After 90 days with no payment or efforts to arrange payment, you will be referred to another mental health provider for services and your account will be turned over to a collection agency who will seek payment from you.

NO SHOW POLICY:

Providers ask that you notify the clinic as soon as possible if you are unable to keep your appointment. After 3 consecutive cancellations and/or "no shows" a referral to another provider may be considered and a possible $50 no show fee charge.

MINOR CHILDREN:

DeCoteau Trauma-Informed Care & Practice, PLLC is not responsible for minor children left in the waiting area unattended.

TERMINATION OF SERVICES:

DeCoteau Trauma Informed -Care & Practice, PLLC will terminate services when under the following circumstances:

1. When it becomes reasonably clear that the client no longer needs service, is not likely to benefit, or is being harmed by continued service.

2. If the provider is threatened or otherwise feel endangered by the client or other person with whom the client has a relationship.
3. For non-payment of services.
4. If the client's outstanding balance has been turned over to collections.
5. If the client has filed bankruptcy and there is still an outstanding account balance.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION & ASSIGNMENT OF BENEFITS:

In addition to release of mental health/behavioral health/chemical dependency/protected health information required by applicable law, DeCoteau Trauma-Informed Care & Practice, PLLC is authorized to release confidential mental health/behavioral health/chemical dependency/protected health information to the following individuals, entities, or agencies, but not limited to:

1. All health care providers, professionals and/or agencies to which the patient is transferred or referred for follow-up medical care, treatment or the primary care physician.
2. All individuals, entities, 3rd party payers, Social Security Administration (Medicare) and insurers, if any which I have disclosed and/or represented to DeCoteau Trauma-Informed Care & Practice, PLLC as being responsible to pay some or all of the charges associate with the client's care and treatment at DeCoteau Trauma-Informed Care & Practice, PLLC.

DECOTEAU TRAUMA-INFORMED
CARE & PRACTICE, PLLC
STATEMENT OF FINANCIAL UNDERSTANDING

BILLING POLICIES: As a service to our clients, DeCoteau Trauma-Informed Care & Practice, PLLC is capable and willing to assist you with filing of insurance claims and answering any billing questions. All information requested is necessary for the proper processing of claims, and to speed up the billing process. Without this information, the bill will be sent directly to you.

DeCoteau Trauma-Informed Care & Practice, PLLC will not accept the responsibility for collection of insurance claims or negotiate settlements in disputed claims. Please recognize that you, the client are responsible for the bill. If problems arise in the processing of these claims we will provide any assistance possible.

WORKERS COMPENSATION: North Dakota Workers Compensation Claims are submitted directly to the Workers Compensation Bureau by DeCoteau Trauma-Informed Care & Practice, PLLC. If the Workers Compensation is through another state, the claim will be completed by our office and sent directly to you for submission to your individual Workers Compensation Insurance Fund.

NO FAULT: If your visit to DeCoteau Trauma Informed-Care & Practice, PLLC is due to a motor vehicle accident, you will be asked for the name and address of the insurance company along with the claim number and date of the accident. If you cannot provide this information, the balance will be your responsibility.

PAYMENT PROCEDURES: Benefits paid directly to DeCoteau Trauma-Informed Care & Practice, PLLC are credited to your account and will be notified on the statement of any balance due.

When benefits are payable directly to you, you are responsible for submitting that payment to DeCoteau Trauma Informed-Care & Practice, PLLC. At that time your account will be credited and you will be notified on the net statement of any balance due.

DeCoteau Trauma Informed-Care & Practice, PLLC understands there are clients who have financial difficulties and encourage them to discuss their situation with our staff so payment arrangements can be made.

CONFIDENTIALITY: DeCoteau Trauma-Informed Care & Practice, PLLC does everything possible to assure your confidentiality. Your limits to confidentiality may be limited by law or regulations in some situations, such as:

1. The person is a harm to him/herself or others;
2. Disclosure of suspicion of child abuse or neglect previously unreported, or
3. A court ordered request for records

Other Considerations:

1. In the case of a minor child, DeCoteau Trauma Informed-Care & Practice, PLLC reserve the right to communicate with client or guardian;
2. Older children, especially teens, will be allowed the same privacy as an adult; parents/guardians will be offered suggestions in enhancing their care.
3. Cellular telephones and cordless telephones are UNSECURE. It is to be understood if you choose to communicate with DeCoteau Trauma Informed-Care & Practice, PLLC using a cellular or cordless telephone we are NOT RESPONSIBLE for any over heard conversation that occurs via electronic waves/transmission.