

Statement of Understanding Regarding Insurance Coverage

I ____ Understand that if I use my insurance for coverage of services rendered by Michael Patterson and Namaste Family Services, LLC I agree to the following:

1. I am responsible for any fees associated to my treatment if my insurance rejects payments for **any reason**.
2. I am responsible for knowing my insurance coverage.
3. I understand that Namaste Family Services, LLC will check coverage via an automated phone system or on the internet, this does not guarantee coverage by my insurance.
4. My insurance may audit my medical records at any time to insure services by Michael Patterson and Namaste Family Services are accurately billed and provided for.
5. By signing this statement of Understanding I agree to allow Michael Patterson and Namaste Family services, LLC to share information with my insurance company in regards to my treatment, diagnosis, progress in treatment, psychosocial assessment, and discharge from treatment.
6. I agree that if my insurance does not cover my treatment then I am responsible to make arrangements with Michael Patterson and Namaste Family Services, LLC to pay any past due fees in a timely manner. I am also responsible to pay any fees associated with collection of unpaid fees including court costs, time spent in billing, postage, etc.

Client

Date

Parent or Guardian

Date