

HIGHER GROUND RECOVERY, INC.  
2821 N. Parham Rd. Ste 101  
Henrico, VA 23294  
(804) 363-2583  
Christine@highergroundrecovery.com

## **Insurance, Co-Payments, Coinsurance and Deductibles**

Please note that Higher Ground Recovery, Inc will bill your insurance company after your first session to determine the amount of your co-payment, coinsurance and/or deductible. All individuals are responsible for contact to their insurance companies directly to obtain the most up-to-date information about their benefits and eligibility for outpatient therapy. You may discover that you have a deductible that must be met before your insurance carrier will cover the cost of your sessions or that your co-payment is higher than expected. As outpatient providers we do not have any role in determining what your insurance plan will or will not cover and/or the amount that you are required to pay towards the cost of the sessions. While we will do all that we can to advocate for insurance to cover your services, it is important to keep in mind that you are ultimately responsible for any unpaid portion of your bill. We will always collect the PCP co-payment listed on your card, however once billed that copay may be more and you will be billed accordingly.

## **Secondary Insurance**

Higher Ground Recovery, Inc will submit claims to your primary insurance **only** on your behalf. If you have coinsurance, co-payments or deductibles payment is expected at the time of service. We will provide you a copy of your primary insurance claim upon request within five (5) business days of your request to assist you in filing your secondary insurance claims. Medicare and Medicaid secondary will be filed as required and is the only exception.

## **Assignment and Acknowledgement of the Financial Policies**

- I assign my right to receive payment of authorized benefits to Higher Ground Recovery, Inc
- I request that payment of authorized benefits be made on my behalf to Higher Ground Recovery, Inc. for any services furnished by Higher Ground Recovery, Inc, providers.
- If my Health Insurance Plan will not direct payment to Higher Ground Recovery, Inc, I agree to forward to Higher Ground Recovery, Inc. all health insurance payments which I receive for the services rendered by Higher Ground Recovery, Inc and its providers.
- I authorize Higher Ground Recovery, Inc. or any holder of medical information about me or the patient listed above to release to my Health Insurance Plan such information needed to determine these benefits or the benefits payable for related services.

I further acknowledge and agree:

- I am responsible for all charges for services provided to the patient listed above which are not covered by my Health Insurance Plan or for which I am responsible for payment under my Health Insurance Plan. I agree to pay all charges which are not covered by my Health Insurance Plan or for which I am responsible for payment under my Health Insurance Plan.
- I further agree I will reimburse Higher Ground Recovery, Inc for all costs, expenses and attorney's fees that may be incurred to collect those charges should this account become delinquent..
- That this financial form with assignment of benefits applies and extends to subsequent visits and appointments at Higher Ground Recovery, Inc.

**I certify that I have read and understand the above statements, that all of my questions have been answered to my satisfaction, and that I agree with each statement above.**

\_\_\_\_\_  
**Patient/Person Legally Responsible**

\_\_\_\_\_  
**Relationship to Patient**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date**