Client Responsibility Form

Insurance requires NPMH clients to attest to the following:

I understand and accept financial responsibility for the services listed below. I understand that if I utilize my insurance and the services deny that I remain financially responsible for the services. If I do not have or choose not to utilize insurance, I will be responsible for all charges. This agreement is valid from the date signed and forward.

Service Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Procedure Code (can vary depending on insurance fee schedules): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Cost per Service (can vary depending on the length of service): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name:

Client Signature:

Date:

Parent, Authorized Representative, or Responsible Party Name:

Parent, Authorized Representative, or Responsible Party Signature

Date