



Benhaven Children’s Behavioral Services

Financial Responsibility Agreement

This Financial Responsibility Agreement outlines your responsibilities concerning payments of charges that may be incurred as a result of billing to your insurance carrier. Please feel free to contact our director, Arlene Dworkin Kaye, at 203.599.7704 or akaye@benhaven.org with any questions or concerns.

INSURANCE BILLING. If you are insured by a company for which Benhaven Children’s Behavioral Services or one of their contracted professionals is in network for, we will bill your insurance company in accordance with our agreement with that insurer. You are responsible for the payment of any of Benhaven CBS services that are not paid for by your insurance carrier.

DEDUCTIBLES. If you know that you have not yet met your full insurance deductible at the time of service and any portion of our charges is not paid by your insurance company due to an unmet deductible, we will bill you for and you must pay, such unpaid charges.

CO-PAYMENTS (Coinsurance) AND LIMITS ON COVERAGE. Even after you have met your full deductible your insurance may not cover 100% of our charges. If you have copayment obligation or there are applicable limits on your insurance coverage, you must pay all copayment amounts and any other amounts not covered by your insurance. If we bill your insurance company and any portion of the charges is not paid by your insurance company due to a copayment amount or limit on coverage, we will bill you for, and you must pay, such unpaid charges.

Benhaven expects payment in full within thirty days of issuing the invoice to you.

I have been informed there are fees associated with services provided by Benhaven Children’s Behavioral Services and their designees and agree to be responsible for all charges not paid by my health benefit plan.

Date: _____ Patient’s Name: _____

Name of Person Responsible for Payment: _____

Signature of Person Responsible for Payment: _____