

LuxMed Behavioral Health
2S631 State Route 59
Suite E
Warrenville IL 60555

Patient's name: _____

Date of birth: _____

Financial Policy

Agreement for payment for services:

Full payment for services are due at time of service and collected at the beginning of each appointment.

Any insurance co payments are due at time of service. You must provide your insurance card and identification at each visit, which is subject for verification prior to your appointment time. LuxMed Behavioral Health reserves the right to cancel your appointment if proof of insurance cannot be verified or it is not provided or require full visit fee to be paid prior to your appointment.

Copay: A preset amount that is your responsibility at each visit. This is a flat rate that is subject to change each time your policy is renewed.

Co-Insurance: A percentage of your visit which will be calculated on the amount your insurance discount allows for the type of service you are receiving. This amount may change from visit to visit depending on the complexity of your appointment and or additional services rendered during your appointment.

Self-pay: When you do not have an insurance plan and will be paying cash for your visit, you will be quoted a typical visit amount for the reason for your visit. Payment will be required prior to your visit. This amount may increase or decrease depending on the type of service you actually receive along with any additional services rendered during the visit.

Patient's signature: _____

Today's date: _____