

Office and Financial Policy

Required Paperwork: It is important for Kanza to have your most updated insurance and payment information, and any name, address, phone number, or contact changes.

Release of Medical Records: Clients and/or legal guardians may request information from their medical record by making a request to our Medical Records Department at med_records@kanzamhgc.org. There may be a fee associated with printed documents; the cost is based upon the “Approved Charges of Medical Records from the Kansas Department of Labor”. We have 30 days to provide such copy upon request.

Missed Appointment Policy for Intakes, Outpatient Therapy, and Medication Services: We request cancellations of scheduled appointments at least 24 hours in advance. If you cancel an appointment with less than a 24-hour notice, or fail to show up for the scheduled appointment, then this is considered a missed appointment, regardless of reason. Please see Client Handbook for detailed information regarding this policy.

Co-Pays and Referrals: Your insurance policy is a contract between you and your insurance company. We are not a party in the contract. Your insurance company has set rules for you to follow: (a) If you have managed care (HMO, MCO, PPO) that we are contracted with, or are without a traditional insurance plan, you are required to pay the co-payment each time that you are seen. This must be paid at the time that you check in for your appointment. (b) If your insurance plan requires a referral, you must have a completed referral form or number with you at the time of your appointment otherwise we will not be able to make a claim to your insurance and you would have to pay for the appointment. (c) Kanza accepts cash, check, MasterCard, Visa, and Discover as payment options.

Past Due Accounts: I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including the Kansas Set-Off collection fees.

Returned Checks: I understand that there is a \$25.00 fee for checks returned by my bank due to insufficient funds and agree to immediately make payment, in cash or money order, upon notification that my check has not cleared my bank.

I understand that I am responsible for all costs of services regardless of what my insurance carrier may or may not pay. The signature below will also serve as signature on file for assignment of insurance benefits.

I acknowledge that I have been provided a Client Handbook which contains important Client Rights and Responsibilities for which I have read and understand. This handbook is available at www.kanzamhgc.org

I hereby acknowledge that I have read, understand, and agree to the terms of this document and do hereby make voluntary application for services for myself or for the person so named below.

Client Printed Name

Client/Legal Guardian Signature

Date