MBHC, Inc.
BEHAVORIAL CARE

Charles S. Burke, M.D.

Ann E. Hovest, Med., LPCC
Jae Kennedy-Cookson APRN-CNP, PMHNP-BC

Billing

All billing is handled in our office. Copays, Deductibles and Co-Insurance are **DUE at time of service** unless prior arrangements have been made. If for any reason you have a problem or question regarding a statement you have received, please give our office a call @ (419) 872-0619 and ask to speak to someone in Billing and they will be happy to assist you in any way they can.

It is your responsibility to **VERIFY** with your Insurance Company whether we are **in or out of network** with your current Insurance plan. It is also your responsibility to **verify your benefit information for out patient mental health in an office setting**. Please also verify if you have a deductible, copay or coinsurance at time of service. We do our best to also verify your benefit information but there are times we are unable to do so.

Please **bring your insurance card with you whenever there is any kind of change** so we are able to make an updated copy for your file. It is **YOUR RESPONSIBILITY** to provide us with the **correct** Insurance information at all times. If you do not give us the correct Insurance information or do not notify us of any Insurance change and the Insurance company denies your services because the timely filing limit has expired **YOU WILL BE RESPONSIBLE FOR ALL BILLED CHARGES.**

We enjoy working closely with your family physician, specialist or current therapist. If you do not already have a family physician, or you are new to the community, or are simply considering a physician change, we urge you to make this decision before an emergency limits your freedom of choice.

Signature_____ Date_____

Witness_____ Date_____