

---

Client Name

---

Client Number

## FINANCIAL AGREEMENT & ASSIGNMENT OF BENEFITS AUTHORIZATION

1. If you have insurance, Wheeler Clinic will confirm your insurance benefits, seek authorization for service if required, and send bills directly to your insurance company or HMO, even if you are eligible for a state-funded program. Because benefits and amounts quoted by insurance companies are subject to change, they are not guaranteed by Wheeler Clinic.
2. Wheeler Clinic will bill your private and/or state insurance for all services provided, and will bill you for any applicable charges under your deductible or co-pay structure. All copays are due at the time of check in for each visit.
3. If you are being seen in the following community-based programs: MDFT, MST, EMPS or CRT, Wheeler Clinic will bill your private and/or state insurance for all services provided. Any services which are delivered in the community, which are not covered by your insurance will not be charged to you. You will be responsible for any applicable copays and deductibles for services received in an office-based setting, such as psychiatric evaluations and medication management services.
4. All clients will receive a monthly statement of owed charges on their account. If you are experiencing difficulty making payments, contact our Billing Office at (860) 793-4209 to set up a payment plan. Delinquent accounts may be referred by Wheeler Clinic to a third party collection service and the related collection fees will be added to the overdue balance.
5. By signing below, you are accepting financial responsibility for your treatment in accordance with the terms described above. Changes of address or insurance should be reported promptly to Wheeler Clinic to help maintain the accuracy of your account.
6. By signing below, you authorize Wheeler Clinic to disclose, verbally or in writing, by phone, fax, and electronic transmission and/or by mail, any and all pertinent information regarding your treatment, including your demographic information, HIV/AIDS-related information, information related to the diagnosis or treatment of mental illness, and/or substance abuse treatment information. This includes disclosures as needed to any: (a) insurance or managed care companies or other third party payers responsible for payment for your care, and any carve-out or contractor companies engaged by them to authorize or manage services, perform quality reviews or process claims, for the purpose of facilitating payment for services provided to you; (b) third-party collections services; (c) transportation providers for the purpose of confirming appointments for your transportation to or from the clinic for treatment; (d) State and/or federal agencies that provide funding for clinic services, for the purpose of making required reports to such agencies or for auditing and licensure/regulatory oversight purposes, and (e) pharmacies and laboratories for the purpose of providing services to you and facilitating payment for services.
7. **This authorization becomes effective as of the date of your first service with Wheeler Clinic.** Refusal to consent to the release of psychiatric treatment information will not jeopardize your right to obtain present or future treatment, except where the disclosure is necessary for the treatment. If you revoke or refuse to sign this authorization and this results in a refusal of your insurance company or other responsible third party payer or funder to pay for your treatment, you may be financially responsible for any unpaid portion of your bill.
8. You may revoke this authorization by writing to Wheeler Clinic, Central Records Department, 91 Northwest Drive, Plainville, CT 06062, except that revocation will not have any effect on actions already taken by Wheeler Clinic in reliance on this authorization. **If not previously revoked, this authorization shall remain in effect while (a) you are continuing to receive services from Wheeler Clinic, and while (b) Wheeler Clinic performs prior or post service authorization, claims submission, and claims resolution activity related to your financial account.**

## NOTICES

### HIV/AIDS-related information

In the event that information released constitutes confidential HIV-related information protected under Connecticut law:

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

### Psychiatric or Social Work Records and Communications

In the event that information released constitutes privileged psychiatrist-patient, psychologist-patient, or social worker-patient communications:

The confidentiality of this record is required under chapter 899 of the Connecticut General Statutes. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes.

### Drug and Alcohol Abuse Records

In the event that information released is protected by the federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.