PIN: _____

James Madison University
Occupational Therapy Clinical Education Services
Phone: 540-568-4980 Fax: 540-568-2645

Mailing Address:
755 Martin Luther King Jr. Way, MSC 9022
Harrisonburg, VA 22801

Physical Address:
131 W. Grace St., Rm 1100
Harrisonburg, VA 22807

BILLING ACKNOWLEDGEMENTS

INFORMATION SYSTEM and MEDICAL RECORDS MANAGEMENT

- James Madison University Occupational Therapy Clinical Education Services (OTCES) uses a computerized system for billing. All information is handled in a secure and confidential manner.
- Rights guaranteed by the *Privacy Protection Act of Virginia* are fully protected. For further information regarding how you and your child's/legal charge's healthcare information may be used, see the *Notice of Privacy Practices.*
- Medical records of children are destroyed when the client reaches age 23, or ten years after the last date of contact, whichever comes later, in accordance with the Code of Virginia (§42.1-77 and 42.1-79).

SERVICES

Fees:

- Fees for services are listed on the fee schedule or can be obtained by contacting the billing office (540-568-2621).

Payment:

- Services that are covered by health plans for which OTCES is a participating provider will be billed directly to the insurance companies (see provider list).
- Services that are NOT covered by health plans for which OTCES is a participating provider will be billed directly to the designated responsible party for payment to OTCES. A statement will be provided that can be submitted to individual insurance providers for reimbursement.
- It is not guaranteed that services will be covered by insurance.
- All co-pays, deductibles, and/or fees denied by insurance providers are the responsibility of the designated responsible party.
- If insurance information is not provided to OTCES, the designated responsible party will be billed for all services rendered.
- We accept cash, checks and credit card payment.
- A $50 fee will be assessed for any check returned by the bank.
- A penalty charge of up to 5% may be added for past due accounts. If debt set-off is requested, the Department of Taxation will take what you owe OTCES out of your state tax refund or lottery winnings. In the event that your account remains unpaid after being sent to collections, the account may be forwarded to the Attorney General's office for prosecution; there will be an additional 30% legal fee at that point.

Cancellations/ "No Shows":

- If more than two appointments are missed without notice ("no show") or cancelled without at least 24-hour notice, OTCES may charge a $55 fee. Insurance companies do not reimburse for these fees. (refer to policy manual).

Please sign below acknowledging that you understand the above information and that you have received a copy of this form.

- I certify that an explanation of services and charges, the program information system, and medical records management has been given to me.
- I certify that the information I have provided is a true and complete statement according to my best knowledge and belief. If I give false information, withhold information, or fail to report changes promptly, I will be breaking the law and can be prosecuted and/or have services discontinued.
- I understand that I am responsible for paying my bill and that there may be a penalty if I do not pay on time.

☐ Please check this box if you are opting NOT to provide insurance information. You will be responsible for payment of ALL services.

Client Information

Name:_____ Date of Birth (client):_____

Responsible Party Information:

Name:_____ Relationship to Client:_____

Mailing Address:_____ City:_____State/Zip:_____

Phone:_____

_____-_____-_____ _____/_____/_____
Responsible Party's SS# Responsible Party's Date of Birth

_____ _____
Responsible Party Signature Date JMU – OTCES Staff Member Signature Date

DSS Only:

The Department of Social Services will be responsible for paying 100% of the cost of all services not covered by Medicaid and/or FAMIS/FAMIS Plus. *The percentage you pay may change if your child's/legal charge*'s Medicaid/FAMIS/FAMIS Plus *eligibility status changes*. It is possible that the cost of services provided may change; we will try to discuss such changes with you. If it is determined that you are financially liable for the services to be provided, we will require that you submit written acknowledgement before the evaluation begins. If you have any questions or concerns regarding your payment plan, you may contact us at any time at (540) 568-6687. If debt set-off is requested, the Department of Taxation will take what you owe the Clinic out of your state tax refund or lottery winnings. In the event that your account remains unpaid after being sent to collections, the account may be forwarded to the Attorney General's office for prosecution; there will be an additional 30% legal fee at that point.

I CERTIFY THAT AN EXPLANATION OF SERVICES AND CHARGES, THE PROGRAM INFORMATION SYSTEM, MEDICAL RECORDS MANAGEMENT, AND MY RIGHTS OF PRIVACY PROTECTION HAS BEEN GIVEN TO ME.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS A TRUE AND COMPLETE STATEMENT ACCORDING TO MY BEST KNOWLEDGE AND BELIEF. IF I GIVE FALSE INFORMATION, WITHHOLD INFORMATION, OR FAIL TO REPORT CHANGES PROMPTLY, I WILL BE BREAKING THE LAW AND CAN BE PROSECUTED AND/OR HAVE SERVICES DISCONTINUED.

I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING MY BILL AND THAT I WILL BE PENALIZED IF I DO NOT PAY ON TIME.

I UNDERSTAND THAT THE CLINIC IS A NON-PARTICIPATING PROVDER AND IS UNABLE TO BECOME A PARTICIPANT WITH MY INSURNACE COMPANY. AS A RESULT, MY PRIVATE INSURANCE COMPANY MAY NOT BE ABLE TO PROCESS ANY CLAIMS I CHOOSE TO FILE FOR REIMBURSEMENT.

I AUTHORIZE RELEASE OF MY CHILD'S/LEGAL CHARGE'S RECORDS NECESSARY TO FILE WITH MEDICAID/FAMIS/FAMIS PLUS, AND REQUEST THAT PAYMENT OF AUTHORIZED BENEFITS BE MADE ON MY BEHALF TO JMU – OCCUPATIONAL THERAPY CLINICAL EDUCATION SERVICES.

_____ _____
Responsible Party Signature Date JMU – OTCES Staff Member Signature Date