

WebMed Mental Health and Substance Abuse Services  
512 Skyline Blvd Cloquet, MN | 925 E Suite 113, Duluth MN  
P: 218.310.8896 | F.218.206.6276

## Consent for Treatment and Care

**Guarantee of Account:** I agree to pay WebMed LLC for all charges for services not covered by any third party payer. I understand that I am responsible to comply with the rules and regulations of my insurance company regarding per-certification and prior-authorization requirements. I agree if a per-authorization of service is required, unauthorized visits are my responsibility for payment. We will assist you in keeping a count of your number of sessions used.

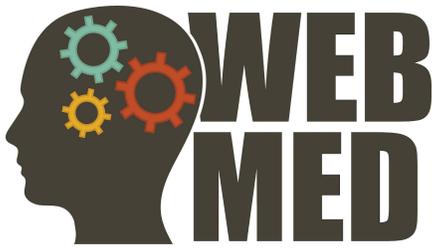
**Insurance Consent:** I request that payment of authorized benefits be made directly to WebMed LLC For any services furnished to me. Authorize this facility to release to Medicare, and other accident or health insurer medical or financial information as needed for claims processing, fraud investigation, or quality of care review and studies.

**Transportation:** I authorize WebMed LLC to release my transportation company information regarding my appointment attendance.

**Consent to Release of Information:** I consent to the release of information about my medical condition to any health care provider working for this facility involved with my current treatment. I understand that other agency personnel involved in billing, medical records and other necessary duties may see my medical records. I understand that a facility representative who is conducting a rule 29 case consultation or quality of care review may access my record. I further understand that a representative may contact me after discharge and that information from my medical record has been made available to that representative. The representative will seek my opinion about the helpfulness of services and about any problems I may have had. WebMed LLC will follow any directions, for contact, I have requested on the "Treatment Agreement" form.

**Consent for Personnel in Training:** I am aware that clients at this facility may be attended by medical, nursing, and/or other mental health care personnel and training, who may be present during client care as part of their education.

**Fee Policy and Authorization of Benefits Agreement :** If you plan to submit your own claims to your insurance company, it is our policy that payment of the entire fee is due at the time of service. As a service to our client's WebMed LLC staff will submit your insurance claims. Please provide us with the necessary information. Copayments, outstanding balances, and deductibles are due at the time of service. WebMed LLC can make no guarantee that your insurance company will provide payment for services rendered. It is your responsibility to know what is and is not covered under your policy. You are responsible for the full amount of the charge, whether your insurance will cover any portion or not. If your insurance company requires pre authorization of services, you are responsible to inform us. Be aware that most insurance companies have an annual maximum benefit for outpatient mental health coverage. Time billed for court appearances, court case review, report writing, telephone consult, and any other charges excluded by insurance are the client's responsibility. A service charge of 1.5% (18% annual rate) or the high a statutory amount allowed, whichever is higher, will be charged on accounts past due 60 days. If payment from insurance is not received within 90 days, the account is due and payable in full. Accounts 90 days past due will be subject to collection procedures or small claims court. The client



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agrees to be held responsible for the cost disbursement including reasonable attorneys' collections and court fees. The fee of \$20.00 for checks returned for insufficient funds . **Medical Records:** There is a fee for the copies as defined in Minnesota State statutes 144.292.

**Cancellations :** We ask you to give us 24-hour notice during regular business hours when canceling an appointment. This will allow us to schedule the time for someone else. If you cancel your appointment, please call (218) 310-8896 during regular business hours. Please note if you fail to schedule an appointment or cancel within less than 24 hours' notice hours you will be charged a 75 dollar fee within less than 24 hours' notice of the scheduled appointment. Continued cancellations may result in probationary periods, in which a patient is unable to schedule an appointment with WebMed for 3 months. It is possible that you may be referred to another clinic for future service. Final decisions are made by the provider. Please understand the importance of notifying WebMed **at least 24 hours** prior to your scheduled appointment that If you are not able to keep your appointment. If your are experiencing an emergency, please provide as much notice as possible to avoid being charged the Late Cancellation fee of \$75. If you are ten minutes or more late for an appointment without giving proper notice, the appointment will be considered missed and you will be charged a cancellation fee.

**Telephone Confidentiality :** In the event WebMed LLC staff must telephone the client for the purposes such as appointment cancellations or reminders, or to receive other information, efforts are made to preserve confidentiality. By Signing below you are agreeing that WebMed May contact you in your preferred method of contact. Include phone numbers and how you would like us to identify ourselves when phoning you

**TeleHealth :** At any time, WebMed may request a consultation be completed via telehealth communications. You will not be in the same room as your provider. You will log in using a HIPAA compliant software called RingCentral which can be accessed using a phone, tablet, or computer. There are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my healthcare provider or I can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation. Others may also be present during the consultation other than my health care provider and consulting health care provider in order to operate the video equipment. The above mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine examination room: and or (3) terminate the consultation at any time. Some parts of the exam involving physical tests may be conducted by individuals at my location at the direction of the consulting health care provider. In an emergency consultation, it is the responsibility of the telemedicine consulting specialist is to advise my local practitioner and that the specialist's responsibility will conclude upon the termination of the video conference connection. Billing will occur from both my practitioner and as a facility fee from the site from which I am presented.