



Third-Party Payer Acknowledgment

By agreeing to pay for the below named patient's treatment as outlined in this agreement, I hereby acknowledge and understand that I do so **at my own risk**. Premature discharge will result in forfeiture of any and all funds deposited as part of this agreement. Premature discharge is defined as any discharge occurring before the completion of treatment goals. I understand that **payments are non-refundable** regardless of length of stay. Furthermore, I understand that payment to Stepworks on behalf of the patient does not imply or constitute an agreement between myself and Stepworks and that no warranties or guarantees have been promised in writing or orally concerning the patient. Finally, I understand that payment on behalf of the below named patient does not guarantee the release of information. An active, signed, Release of Information form is necessary to provide any information regarding the patient including the presence or absence of the patient. This release may be revoked by the patient at any time.

Patient Name: _____

Payer Name: _____

Payer Name: _____

Street

City

State

Zip

Phone: (____) ____ - ____ Payer email: _____

Payment due upon admission: \$ _____

While Stepworks provides an estimate of payments owed at the time of admission, additional payment could be owed after the insurance adjudicates the claim. Patient responsibility is determined by the insurance payer and is dependent on the level of service, the patient's eligibility, and the patient's benefits at the time of claim adjudication. If a refund of the above listed payment is due, the refund will be sent to the above address. If a credit or debit card was used for payment, applicable fees paid by Stepworks will be deducted from the refund. Please initial one of the options below for any outstanding balances:

_____ Any future bills should be sent to me at the address above.

_____ Any future bills should be sent to the patient at the address he/she provides.

Payer Signature: _____ Date: ____ / ____ / ____

Team Member: _____ Date: ____ / ____ / ____