



Billing Consent

I authorize Aloha Malama Health under Mana Psychological Services Corp. office staff, and all business associates to release any medical or other information necessary to process all insurance claims. I also authorize Aloha Malama Health under Mana Psychological Services Corp. office staff, and business associates to submit claims directly to my insurance carrier(s), make direct billing inquiries to my insurance carrier(s) and accept payment of medical benefits.

Co-payments and deductibles are payable at the time of service. We accept the following: cash, most major credit cards, personal checks, and debit cards. Patients will be billed for medical services that are not covered by insurance and are due within 30 days of the billing date. Payment plan options may be offered for large patient balances.

Aloha Malama Health under Mana Psychological Services Corp. does not take Medicare currently. For all Medicare patients, patients are responsible for the full balance including any lab or imaging orders, testing and office visit.

Most private insurance policies are billed as a courtesy to our patients. We allow a 30-day grace period for your insurance to respond to our claims. If the insurance carrier does not respond to our claim within 30 days, the balance becomes due in full. If you have two insurance plans, we allow 60 days for the primary insurance payment and 30 days for the secondary insurance payment. If payment is not received from your insurance companies, the full balance will be required from the patient.

Patients involved in any claim or litigation involving third party liability for injuries sustained in an accident or work-related injuries, agree to assign Aloha Malama Health under Mana Psychological Services Corp. all proceeds from any workman's compensation claims, and third party liability claims until the outstanding balance on the account has been paid in full.

Our preference is always to work with our patients directly; however, any balances remaining unpaid may be forwarded to a collection agency. Should you have any questions regarding a collection balance due, we will direct you to the collection service representative for resolution. Any additional expenses incurred in the collection of the delinquent accounts will be your responsibility.

Any patient credit will be refunded once all visits have been processed by your insurance carrier. When the bill for services has been responded to by the insurance carrier, any remaining credit will be refunded.

I have read these payment options and understand my financial responsibility. If you have questions regarding your bill, statement, or benefits, please contact Aloha Malama Health under Mana Psychological Services Corp. at 808-830-1862.

Patient Name (Print) _____ Date _____

Patient signature _____ Date _____