

Alliance Clinical Associates, S.C.
7 Blanchard Circle – Suite 201
Wheaton, IL 60189
630-653-2300

Custodial Parent Financial Responsibility Form

I understand that as the parent bringing my child to Alliance Clinical Associates for treatment, I am considered the financially responsible parent, regardless of my relationship with my child's other parent. I also understand that even if my child is covered under his/her other parent's insurance, I am still financially responsible for charges at Alliance Clinical Associates. I understand that my financial responsibilities include co-pays, co-insurance amounts, visit charges not covered by insurance, phone consultation charges, and missed appointment charges.

Patient Name: _____

Guarantor for this account _____ Relationship to patient _____

Street address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Wk Phone _____

Guarantor employer _____

Business address _____

Occupation _____

Guarantor Social Security # _____ Driver's License # _____

- I understand that although my son\daughter is of legal age, I am taking responsibility for services rendered by the doctors and/or therapists at Alliance Clinical Associates during his/her office visits.
- My son\daughter is of legal age; therefore, I am not taking responsibility for services rendered by the doctors and/or therapists at Alliance Clinical Associates during her/her office visits.

I have received ACA's financial policy statement. As guarantor for this account, I acknowledge my responsibility for payment on this account until revoked by me in writing.

Guarantor's signature

Date _____

Note: ACA will be verifying the patient's insurance benefits if we are billing, but please keep in mind that this verification is not a guarantee of payment. The guarantor, being either the patient or responsible person named, will be ultimately responsible for payment of all and any balance on the account (copays, coinsurance amounts, visit charges not covered by insurance, phone consultation charges, and missed appointment charges.) If you have any questions regarding this patient's insurance coverage, you need to contact your insurance company for clarification. If you have any other questions, please feel free to contact our office at (630) 653-2300, ext. 410.