

**SERVICE AGREEMENT**

Patient's Name \_\_\_\_\_ Responsible Party \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Information | Primary Co. \_\_\_\_\_ Insured \_\_\_\_\_ ID # \_\_\_\_\_  
Secondary Co. \_\_\_\_\_ Insured \_\_\_\_\_ ID # \_\_\_\_\_

You are expected to pay at the time of your appointment. The usual fee for each 45-minute consultation is \$130.00. In cases where Dr. Ruch participates with your insurance (e.g., Blue Cross/Blue Shield, Priority Health), your fee will be adjusted accordingly and you may be required to only pay your co-pay amount.

When you schedule an appointment, that time is reserved exclusively for you. Because of this:  
**Failure to give 24-hour notice of cancelled appointments will result in a full session charge to your account.**  
"No show" and late cancellation charges are not paid by insurance carriers and will be your responsibility to pay.  
Of course, with sufficient notice, appointments can be rescheduled.

INSURANCE: Health insurance contracts are generally agreements between the policyholder and the insurance company. In many cases, you will be responsible for paying your bill and filing your insurance claim. After each consultation, we will provide you with a statement that you may send your insurance company. We do bill certain insurance carriers (e.g., Blue Cross/Blue Shield) directly.

In certain circumstances, we can accept direct insurance payment. You will then be responsible for your co-pay each session, and you would need to assign all insurance benefits to Dr. Ruch. Please understand that sometimes what you anticipate your insurance will pay is different from what they actually pay. In such cases, you are responsible for the balance of your bill.

If you ignore billing statements and fail to pay your account, professional collection may be utilized or legal action taken.

AFTER HOURS CALLS: Patients are encouraged to use our voice mail or e-mail service for after hour's messages. Medical emergencies should be directed to your physician or the hospital emergency room. Psychiatric emergencies can be called in to Cornerstone (24-hour crisis referral) (616) 336-3909 or either Pine Rest (616) 455-9200 or Forest View (616) 942-9610 (child/adolescent/adult psychiatric hospitals).

In the case of urgent emergencies in which you wish to reach Dr. Ruch, we offer an emergency telephone number. While we attempt to respond promptly to all of your calls, there may be times when we are not able to provide an immediate response to your crisis. Please note that lengthy or repetitive phone calls may be chargeable.

My signature below indicates that I have read and understand these policies and I agree to take responsibility for fees charged to my account.

\_\_\_\_\_  
Signature of Patient (Parent /Guardian if under 18)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**Michael D. Ruch, Ph.D.**  
**Phone or Fax: (616) 957-2576**  
**e-mail: michaelruch@um.att.com**

## PRIVACY PRACTICES ACKNOWLEDGEMENT

I have been provided a copy of the document NOTICE OF PRIVACY PRACTICES and have been given an opportunity to read and review it. I wish to add these additional restrictions on disclosing my PHI:

None

Additional Restrictions: \_\_\_\_\_

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date