

FINANCIAL POLICY

Patient Name: _____

Date of Birth: _____

SSN: _____



BASIC POLICY: Payment in full is due at the time service is provided unless prior arrangements have been made. Co-payments are due at the time of service. If you are unprepared to pay your co-pay on the day of your visit a \$5.00 service fee will be charged to your account.

FOR PATIENTS WITH INSURANCE: We bill most insurance carriers for you if proper paperwork is provided to us. We will also bill most secondary insurance companies for you. If your insurance requires a referral or prior authorization it is your responsibility to assure that one is available to our office prior to or at the time of your service. Our office contracts with many insurance carriers, please contact your insurance prior to your appointment to verify you are receiving care from a participating provider. Co-payments, coinsurance and deductibles are due at the time of service. Since your agreement with your insurance carrier is a private contract between you and your carrier, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for care. If you have questions about your benefits or your insurance carrier's decision to pay or deny your claim, please contact your insurance carrier directly. If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full from you.

MEDICARE PATIENTS: We will bill Medicare for you. We will also bill secondary insurance carriers for you. All coinsurance amounts or deductibles not covered by an insurance plan are due and payable at the time service is rendered.

MEDICAID PATIENTS: We do not accept Medicaid at this time. You are responsible for payment at the time of service

NONCOVERED SERVICES: Any care not paid for by your existing insurance coverage will require payment in full at the time services are provided or upon notice of insurance claim denial.

MISSED APPOINTMENTS: In fairness to other patients and to the counselor, we require at least a 24-hour notice to cancel appointments. You will be charged a \$50.00 fee for missed appointments.

COLLECTION OF FEES: If it becomes necessary to bill you more than once for your share of services, a \$5.00 per month fee will be charged to your account until payment in full has been received.

In the event action is brought hereof, the prevailing party shall be entitled to recover from the other party the court costs and attorney fees as determined and awarded by the court. If this is referred for collection, I/We agree to pay collection fees up to 25% on the balance owing. If legal action is deemed necessary, I/we agree to pay reasonable attorney's fees and court costs in addition to the above costs. At that point, confidentiality regarding your name and involvement in therapy can be broken. To avoid this, please pay your bill at the time of service.

