

FINANCIAL POLICY

Thank you for choosing us as your mental health care provider. In order to reduce confusion and misunderstanding between our clients and this practice, we have adopted the following financial policy. We are dedicated to providing the best possible care and personal service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment. If you have any questions or concerns, please discuss them with your therapist.

ALL CLIENTS

1. Upon arrival, please sign in at the front desk and notify us of any changes in your insurance or contact information.
2. For your convenience, we accept cash, check and all major credit cards. A \$25.00 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred. Payment for these fees must be paid by cash or credit card prior to any future visits.
3. Payment is required at the time of service regardless of who is seen or if a minor is seen. There will be a \$5.00 processing fee charged to your account if you are unable to pay at the time of service.
4. You may choose to keep your credit card on file with this office to simplify the billing process and ensure that any fees are easily billed at the time of service.
5. Cancellations must be made at least **24-hours** prior to your scheduled appointment. A **\$60** fee (not covered by insurance) will be applied for late cancellations or missed appointments.
6. If medical records are requested for personal use, there will be a charge of \$1.00 per page.
7. It is not the policy of our office to charge for phone calls to your therapist. If you and your therapist agree to a phone consultation meeting instead of a face-to-face office visit, your typical visit charge may apply.
8. Court services are not a part of mental health treatment. If you require our involvement in any court proceedings, additional fees will apply. Please note that court-related fees are not covered by insurance.
9. If you require your therapist to complete forms regarding your participation and progress in treatment for a third party (other than insurance) a \$50 form completion fee may apply.

INSURANCE CLIENTS

1. **It is your responsibility to know and understand your insurance plan benefits.** Please be aware that mental health benefits vary widely in coverage, and regular copay information often does not apply. Because of the complexity of mental health plans, verification of your insurance benefits is not a service routinely provided by our office staff. You will need to complete our **BENEFITS VERIFICATION FORM** prior to your first session. If, for any reason, you require that our office staff complete this form for you, there will be a \$15 charge for the service. If this form is not completed prior to the first visit, you will need to pay the full fee (\$140) for the session until your copay information can be verified.
2. **It is your responsibility to know if a written referral or authorization is required to see a specialist, if pre-authorizations are required prior to receiving a service, and what services are covered.** Not all services provided by our office are covered by every plan. In the event that your insurance carrier determines a service to be “non-covered”, you will be responsible for the charges. Disputes over coverage must be handled between you and your insurance company.
3. According to your insurance plan, Copays, Co-insurance and Deductibles are to be collected at the time of service.
4. Please be aware that our office utilizes Ancient City Medical Billing for billing some insurance claims.

