

PSYCHOLOGY & COUNSELING ASSOCIATES, P.C. FINANCIAL POLICY

Thank you for choosing us as your behavioral health provider. We are committed to providing you with quality care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will submit claims to insurance companies and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes behavioral health services, including the maximum number of sessions per year. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company.

1. **Insurance.** We participate in most insurance plans. If you are not insured by a plan in which we participate, payment in full is expected at each visit. If you are insured by a plan we do business with, but do not have an up-to-date insurance card, payment in full is expected at each visit until we can verify your coverage. **Knowing your insurance benefits is your responsibility.** Please contact your insurance company with any questions you may have regarding your coverage. If your insurance company does not pay your claim, the balance will be your responsibility.
2. **Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. We will give you our best estimate of what the co-pay should be for each visit. For many policies, the co-pay may change during your course of treatment and insurance plans change without notifying providers. The only way we can confirm exactly what a co-pay should have been is by reading the materials that come to us from the insurance company after the session is billed and paid. You may receive a copy of this Explanation of Benefits (EOB) from your insurance company. If your co-pay was higher than collected, you are responsible for paying the difference. If it should have been lower, we will give you a refund or credit.
3. **Non-covered services.** Please be aware that some- and perhaps all- of the services you receive may be non-covered or not considered reasonable or necessary by insurers. You must pay for these services at the time of service or within 14 days of the billing statement.
4. **Invoices.** Invoices shall be deemed to be accepted by you unless Psychology & Counseling Associates is notified in writing within 14 days of the invoice being issued that you dispute the amount of the invoice. In the event of non-payment, Psychology & Counseling Associates may in addition to the invoice amount charge:
 - (i) Interest on any outstanding amounts from the due date calculated at the statutory penalty rate of 6%.

If any part of your account with Psychology & Counseling Associates falls into arrears then the totality of that account whether or not in arrears shall become immediately due and payable.

5. **Proof of insurance.** All patients must complete our patient information form before seeing a therapist. We must obtain your driver's license number and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

6. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. **Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.** Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
7. **Coverage changes.** If your insurance changes, please notify us before your next visit so that we can make the appropriate changes to help you receive your maximum benefits. If you fail to notify us of insurance changes in a timely fashion, you may be responsible for your entire bill.
8. **Non-payment and Collections.** If your account is over 30 days past due, you will receive a letter stating that you have 14 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid for 60 days, our policy is to refer your account to IC System, a National Collection Agency authorized to credit report all outstanding debts to the four major National Credit Agencies and/or litigate in a court of law. You will be required to reimburse PCA any collection agency fees, which may be based on a percentage at a maximum of 30% of the debt, and all cost, and expenses, including reasonable attorneys' fees, we incur in such collection efforts.
9. **Missed appointments.** We require 24-hour notice if you need to cancel an appointment. You will be charged for any missed appointment or cancelled appointment (when 24-hour notice was not given). These charges will be your responsibility (insurance companies do not provide reimbursement for cancelled sessions) and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment or call 24 hours prior to your appointment.

(i) Psychiatrist missed appointment charges:	Initial evaluation	\$150
	Half session (30 min)	\$90
	Brief session	\$70
Psychiatric nurse practitioner charges	Initial evaluation	\$110
	Half session (30 min)	\$70
	Brief session	\$50
(ii) Psychotherapy missed appointment charges:	Fee is session charge or amount therapist receives from co-pay and insurance	

10. **Other charges.**

(i) Returned check charge	\$20
Please note: We will not accept additional checks if two are returned.	
(ii) Prescription requests when follow-up appointments are not current	\$25
(iii) Completing forms (disability, life insurance, etc.) - Time Spent	\$5 min
(iv) Copying records (except when sent to another health professional)	
Per page charges apply	\$30 minimum
(v) Preparation of letters	According to time spent
(vi) Telephone session	According to time spent

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date