

OFFICE POLICIES

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of our bill is considered part of your treatment. The following is a statement of our Financial Policy.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary to our area. Since the insurance contract is an agreement between you and your insurance carrier, you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Insurance Coverage:

Payment is due at the time of service. Patients who are members of PPO's may be required to pay a co-payment, which is due at the time of service. If applicable, authorizations for these services must be obtained prior to the office visit. We are participating providers in several PPO's and will file insurance claims only for patients who are participants in these programs. All other patients will receive a superbill that contains all the codes necessary for obtaining insurance reimbursement.

Failed Appointment/Late Cancellation Policy:

Appointments must be cancelled by noon on the previous business day or you will be charged for a late cancellation. This means that Monday appointments need to be cancelled by Friday at noon. Arrivals of more than 15 minutes late will need to be rescheduled, and you will be charged at the full fee. Any charges applied must be paid prior to scheduling your next visit. These charges are not billable to your insurance company.

Note: We DO NOT call to confirm appointments.

Delinquent Accounts:

Accounts with no payment activity or those with previous payment arrangements that are not being adhered to will be considered past due after 60 days and may be referred to an outside agency for collection. All cost associated with this action will be the responsibility of the patient. Accounts with balances past 90 days will be subject to a finance charge of 1.5% per month. Patients with delinquent bills may also be dismissed from the practice.

Confidentiality:

Mental health law indicates that we can neither confirm nor deny that a patient is being seen in our practice without written authorization from the patient. This includes all family members. Please be advised questions regarding billing matters will be discussed with only the patient or guardian.

Signature of Responsible Party

Date

Signature of Co-Responsible Party

Date