

Financial Terms: Insurance Coverage and Co-payments

You are responsible for obtaining prior authorization for treatment from your insurance carrier. We will bill your insurance; however, you are responsible for co-payment amounts and deductibles as set by your benefit plan. Missed appointments are not covered by your insurance and the charges associated with them are your responsibility.

Co-payment amounts are set by your benefit plan. **These payments are due and payable at each appointment.** Information regarding the co-payments set by your insurance plan for each visit will be provided to you or you may contact your health plan.

For special modalities of treatment not covered by your benefit plan, a written agreement needs to be signed between you and this office/practitioner. This agreement should outline your understanding that it is not a covered benefit and should cover fees and the treatment plan you may expect. Page 3 of 4 (MHDF-JS)

At any time during treatment should you become ineligible for insurance coverage, you will notify the practitioner and understand you will become responsible for 100% of the bill.

Initial session is \$150.00 and each additional session is set at the rate of \$120. Client and practitioner can make a mutually agreed upon sliding scale if insurance does not cover costs or if a change in financial situation occurs.

Initial here: _____

Billing and Payments You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested.

If your method of payment is by credit card, you hereby authorize the doctor's office to receive payment from your credit card company.

Should this account become delinquent and sent for collection, any reasonable legal fees, court costs, collection agency fees, or any associated costs, fees or penalties will be added to the balance. It is understood that in the event your portion of the balance due becomes 90 days or more delinquent, a late fee of \$15.00 per month will be charged until the amount you owe is paid in full. There will be a \$15.00 charge on all returned checks. If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. [If such legal action is necessary, its costs will be included in the claim.]

Initial here: _____