

FINANCIAL POLICY

Your clear understanding of our Financial Policy is important to our professional relationship. **Please read and sign this policy and return with your intake paperwork. A copy will be provided to you if you would like.** Please ask if you have any questions about our fees, financial policy, or your financial responsibility.

INSURANCE INFORMATION

We advise all patients to call and check on their outpatient mental health coverage and benefits prior to your initial appointment. Our office makes every effort to verify coverage ahead of your appointment, however, we may be limited in our ability to do so based on the information available to us.

Participation with insurance programs varies among providers. Please contact the office and/or your insurance company to verify participation with your plan. Should your insurance plan change, please contact the office to verify your provider participates with your new plan. **Our providers do not participate with Medicaid.** We do not accept Worker's Compensation or No-Fault insurance.

Blue Cross Blue Shield, Independent Health, Univera, Value Options, Cigna, Aetna, NOVA, TriCare, as well as others, are all Managed Care plans. Therefore, authorization for treatment is contingent upon providing diagnosis and treatment information that the company requires.

It is necessary for you to **bring your benefit card to the office at your initial visit.** Patients are required to provide the office with current insurance information. Your **failure to provide us with accurate information will result in a patient bill** you may be responsible for.

Some insurance plans **do not provide coverage for psychological testing** as part of an evaluation. Since testing is often necessary for diagnostic and treatment purposes, **patients will be billed directly** for these sessions if not covered by insurance. Please contact your insurance company to verify if this is a covered service under your plan. If you are unsure if psychological testing will be required for your treatment, you can discuss this with your provider at your initial appointment.

CO-PAYMENTS

By law, we **must** collect your carrier designated co-pay. This is part of your agreement with your insurance company. This payment is expected at the time of service. **Please be prepared to pay the co-pay at each visit.** If you are uncertain of your responsibility, please check with your insurance company.

DEDUCTIBLES/CO-INSURANCE

In accordance with the provision of your insurance plan, you may be required to pay for a portion or all of your medical services. If you have a deductible or co-insurance with your insurance plan, payment is expected at the time of service. **Please be prepared to pay at each visit.** The amount charged is the allowable fees directly from your insurance company. The amount taken is a deposit and other charges may occur once it has been submitted to your insurance company. If you are uncertain of your responsibility, please check with your insurance company.

PRIVATE PAY

Payment is expected at the time of service prior to seeing your provider. Please see below for private pay rates.

MISSED APPOINTMENTS/LATE CANCELATIONS

24-hour notice must be provided in the event you cannot keep an appointment. Should you not provide this notice, **a cancellation fee may be added to your account**. These fees are at the discretion of your provider.

PAYMENT TYPES

We accept cash, checks, MasterCard, and Visa. There is a \$35 fee for checks returned for insufficient funds. If paying with cash, please be aware we do not typically have change for bills larger than \$20.

DIVORCED/SEPARATED PARENTS OF MINOR PATIENTS

The parent who consents to the treatment of a minor child is responsible for payment of services rendered. East Amherst Psychology Group will not be involved with separation or divorce disputes.

FINANCIAL RESPONSIBILITIES

You are responsible for the timely payment of your account. If for any reason you maintain an unpaid balance on your account and fail to work out a payment arrangement with us, your account may be turned over to our collection agency.

FEE STRUCTURE

For your information, our fee structure is as follows (rates are subject to change):

Initial Appointment.....	\$160-\$165
Individual Psychotherapy.....	\$125-160
Medication Management.....	\$75
Written Report*.....	\$90
Missed Appointment**.....	\$25-\$155
Late Cancelation**.....	\$25-\$155

*Written reports are **not** a covered service by insurance. You will be billed directly.

**Fees may be charged for missed appointments and appointments canceled with less than 24 hours' notice. These fees are at the discretion of your provider.

I, _____, have read and accept East Amherst Psychology Group's Financial Policy.

Signature of Patient or Patient's Representative

Date