

PSYCH & PSYCH SERVICES

**IMPORTANT SCHEDULING AND FINANCIAL POLICIES**

We welcome you as a new patient of Psych & Psych Services. To avoid any misunderstanding we would like to keep you informed of our current financial policies regarding payment for the services we will provide to you.

**Please initial by each that you have read and understand the policies below:**

\_\_\_\_\_ As a courtesy, we will verify your benefits prior to your first visit. Please note that when we verify benefits, we are simply relaying information provided to us from your insurance company. Psych & Psych Services is **NOT** responsible for any incorrect information that may be provided to us. We strongly suggest that you personally contact your insurance company for verification of your benefits.

\*Copays, co-insurance and deductibles are dictated by your insurance carrier. Our contract with the insurance carrier requires that we collect these fees.

\_\_\_\_\_ Copays are due at the time of check-in for each appointment.

\_\_\_\_\_ If you have a plan with a co-insurance, we will **estimate** your expected co-insurance and require that it be paid **prior** to your session. If you have a deductible that has **not** been met prior to your sessions, you will be required to make a payment toward the deductible at each visit. You will be responsible for any unpaid balance after insurance payments and adjustments, including any unmet deductibles.

\_\_\_\_\_ Payment for any outstanding balance is due within 30 days of billing. Interest will be accrued at a rate of 1.5% per month on outstanding balances.

\_\_\_\_\_ There is a \$40.00 fee for returned checks.

**NO SHOW/CANCELLATION POLICY**

\_\_\_\_\_ There will be a \$60 fee charged for all appointments missed or cancelled less than 24 hours in advance. We have an after-hours answering service for your convenience. These charges are not covered by insurance and the patient, parent or guardian will be held responsible for payment.

\*If you are interested, you may pre-authorize a credit card payment for any amount still due for any outstanding balance after insurance billing is completed. Please see the front desk for details.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date