

## **Provider Policy on Insurance and Billing Practices**

Your provider seeks to communicate in clear terms the policies that will govern the range of insurance billing and collection practices. This financial policy has been established with these objectives in mind and to avoid any misunderstanding or disagreement concerning payment for professional services.

- Your insurance may or may not cover the cost of your office visits, tests or certain procedure codes. Non-covered and out-of-network services are the responsibility of the insured.
- If you have an insurance plan in which your therapist does not participate or is out-of-network, as a courtesy this office will nonetheless file the claim on your behalf; however, payment is usually at a lower percentage than an in-network provider. The difference between the two is your responsibility.
- Your provider is a participant with numerous insurance companies, but not all. While you will be provided with the best information available, it is your responsibility to check with your insurance company prior to the visit to verify coverage and benefits.
- It is your responsibility to ensure that any required pre-authorization is in place and made available to your provider prior to the visit. Visits may be rescheduled or you may be asked to sign a disclaimer indicating you will be financially responsible due to lack of pre-authorization.
- You are required to pay any co-pay and/or deductible at the time of the visit. Payment may be made with cash, check or accepted credit card (Visa or MasterCard only).
- A service charge of \$30.00 will be assessed for all checks returned by your bank for nonsufficient funds or written on a closed account.
- If the billing department is working on a disputed claim on your behalf, you will be financially responsible until such dispute is settled. It sometimes can take a lengthy period of time to resolve some disputes.
- The billing department is pleased to assist you with insurance questions that relate to how a claim was filed or provide additional information the insurance carrier might need to process the claim. Specific coverage issues, however, can only be addressed between the insurance company and the subscriber of policy. (The phone number is usually printed on the insurance card.)
- Your provider is unable to change a diagnosis code or procedure code solely for the purpose of securing reimbursement from any insurance carrier. This is considered unethical and fraudulent.

- The billing department will process secondary insurance claims. However, any unpaid balances 60 days after the primary insurance has paid will become your responsibility. Secondary insurance claims are filed as a courtesy to you, but ultimately are your responsibility
- It is your responsibility to provide correct insurance information and to bring your current card to each visit. You will be financially responsible for any services received wherein this office has been provided with incorrect or outdated insurance information.
- Overpayments are sometimes held over for a future visit if you are continuing to see your provider. If you think a refund is due, please contact the billing office.
- All unpaid balances after 90 days will be considered in default. This could result in your account being turned over to a collection agency. In the event you do not pay for the services provided to you, you will be required to pay for collection costs , as well.
- If you are on a “monthly payment plan,” it is expected that you will make monthly payments as agreed or have a special arrangement made with our billing department. Payments not received according to the plan will be considered in default and appropriate collection steps could be taken.
- You, as client/patient, are responsible to pay the full fee for any scheduled appointment canceled without 24 hours of notice unless you develop an illness within that time period, in which case you will notify your provider immediately.

I have reviewed the above policies, have had all questions answered to my satisfaction and, by my signature, indicate I understand and agree to abide by these policies.

Signature: \_\_\_\_\_  
(Person responsible for account)

Date: \_\_\_\_\_