

FINANCIAL RESPONSIBILITY POLICY

I, _____, understand I am financially responsible for any and all charges incurred from Anxiety & Stress Center, including charges unpaid by my insurance carrier. In addition to weekly appointments, charges may be applied for other professional services rendered. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. **[Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding.]** These costs are not covered by insurance and is the financial responsibility of the client.

I hereby assign payments to ANXIETY & STRESS CENTER or any of its representatives on my behalf for services provided to me by any member of the group practice.

The standing hourly fee for the initial intake session is \$175. The standing billed hourly fee starts at \$150 for a 45-minute session. It is important to note that some insurance companies reimburse at a lower rate. Clients are only responsible for their insurance carriers *allowable amount* per session.

In the event of economic hardship, every effort will be made to work with clients to establish a reasonable payment plan that is agreeable to all parties; please inform Anxiety & Stress Center of any difficulties as soon as you foresee them. Please note Anxiety & Stress Center reserves the right to utilize a collections service to recuperate any unpaid balances that clients have not addressed. If your account has not been paid for more than 60 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/their name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that your contract with your health insurance company requires that you authorize me to provide it with information relevant to the services that I provide to you. If you are seeking reimbursement for services under your health insurance policy, you will be required to sign an authorization form that allows me to provide such information. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

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Client Name: _____

I do not have insurance at this time or it will not cover services at this office. I agree to pay the agreed upon fee of \$_____ per 45-minute session.

I have insurance, but elect not to use it for these services and will self-pay the agreed upon fee of \$_____ per 45-minute session.

My insurance carrier will cover _____% per session and **I will be responsible for any remaining balances**, estimated to be \$_____ per session. I understand that this is only an estimate and is subject to change based on the payments made by my insurance carrier.

Anxiety & Stress Center requires that all out-of-pocket payments are due *at the time of service*. Anxiety & Stress Center accepts cash, personal checks, Visa, MasterCard, and Discover. Please give your payment to the therapist at each session.

I agree to the terms and agreements of this notice.

Signed: _____

Dated: _____

Therapist: _____

INSURANCE INFORMATION

Insurance Carrier: _____

Customer Service Number: _____

ID#: _____

Group#: _____

Payer ID: _____