

BERNADETTE MULLINS MILLER, MSSW, LCSW

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REGARDING INSURANCE

WE MAY ACCEPT ASSIGNMENT OF INSURANCE BENEFITS. IF YOU ARE COVERED BY INSURANCE, WE WILL WORK WITH YOUR INSURANCE CARRIER AT NO COST. WE CANNOT BILL YOUR INSURANCE COMPANY UNLESS YOU GIVE US YOUR INSURANCE INFORMATION. YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. WE ARE NOT A PARTY TO THAT CONTRACT. IN THE EVENT WE DO ACCEPT ASSIGNMENT OF BENEFITS, WE WILL GIVE YOU CREDIT FOR THE AMOUNT COVERED BY INSURANCE. IF YOUR INSURANCE COMPANY HAS NOT PAID YOUR ACCOUNT IN FULL WITHIN 60 DAYS, THE BALANCE WILL BE AUTOMATICALLY TRANSFERRED TO YOU. PLEASE BE AWARE THAT THE COST OF THE SERVICES PROVIDED WILL BECOME YOUR RESPONSIBILITY IF COVERED IN PART OR NOT ALL BY YOUR INSURANCE COMPANY. IN ADDITION, YOU ARE EXPECTED TO PAY THE DIFFERENCE BETWEEN THE AMOUNT COVERED AND THE AMOUNT OWED EACH TIME YOU COME FOR AN APPOINTMENT. ALL CO-PAYS AND DEDUCTIBLES ARE DUE AT TIME OF TREATMENT.

MANAGED CARE

IF YOU ARE A SUBSCRIBER TO A MANAGED CARE POLICY, IT IS YOUR RESPONSIBILITY TO INSURE THAT THE FIRST SESSION IS AUTHORIZED BY YOUR INSURANCE COMPANY. WE ALSO REQUEST THAT YOU UNDERSTAND THE REQUIREMENTS OF YOUR INSURANCE CARRIER AND INFORM US OF WHAT PROCEDURES WE MUST COMPLY WITH TO INSURE PAYMENT. WHILE OUR CLINIC IS A MEMBER OF MANY MANAGED CARE NETWORKS, IT IS YOUR RESPONSIBILITY TO INSURE THAT YOUR THERAPIST IS A PROVIDER FOR YOUR INDIVIDUAL POLICY.

PAYMENTS

ALL CO-PAYS AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICE AND PAYABLE WITH CASH, CHECK, FAS/HSA OR CREDIT CARD. STATEMENTS MAY BE SENT OUT VIA EMAIL, AND ARE DUE AND PAYABLE IN FULL UPON RECEIPT UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH YOUR THERAPIST. YOU ARE RESPONSIBLE FOR PAYMENT REGARDLESS OF ANY INSURANCE COMPANY'S ARBITRARY DETERMINATION OF USUAL AND CUSTOMARY RATES.

MISSED APPOINTMENTS

UNLESS CANCELED AT LEAST 48 HOURS IN ADVANCE, OUR POLICY IS TO CHARGE FOR MISSED APPOINTMENTS AT THE RATE OF A NORMAL OFFICE VISIT. INSURANCE CARRIERS WILL NOT PAY FOR MISSED OR CANCELED APPOINTMENTS.

TREATMENT PLAN

THERAPISTS ARE RESPONSIBLE FOR INFORMING YOU OF A TENTATIVE TREATMENT PLAN REGARDING YOUR THERAPY. TOGETHER, YOU AND YOUR THERAPIST CAN MODIFY OR ALTER THIS PLAN AS TREATMENT CONTINUES.

FEE AGREEMENT

THE AGREED UPON FEE FOR PROFESSIONAL SERVICES IS \$200.00/45 MINUTE SESSION, \$225/53+MINUTE SESSION, \$275 FOR INITIAL EVALUATION. I AGREE TO PAY A MINIMUM OF \$_____ OF THE PROFESSIONAL FEES AT EACH SESSION. THE FEE INCLUDES ANY CO-PAYMENT OR DEDUCTIBLE I AM AWARE OF.

THANK YOU FOR UNDERSTANDING OUR FINANCIAL POLICY. PLEASE LET US KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS. I HAVE READ THE FINANCIAL POLICY. I UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY.

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

DATE