

Billing Policies for Psychiatric Associates

Please contact your insurance company to verify whether preauthorization is needed for mental health visits. Many insurance companies require authorization for mental health services even if authorization is not required for other medical services. **Payment from your insurance company could be reduced or denied if authorization is not obtained.** There may be instances your insurance company deems certain services as not “medically necessary” or “investigational”. Please be aware while we will make every effort to obtain insurance reimbursement for your treatment, reimbursement is never guaranteed, which may leave the patient solely responsible for the full cost of treatment.

For your convenience we will submit the claim for your visit to your insurance company if we are contracted with your insurance provider. Your portion of the charges (copay) and balances are due at the time of service. Please remember the insurance contract is between you and your insurance carrier. Questions about their payment and/or coverage should be directed to them. **Our office cannot guarantee insurance coverage for services provided.** In the event of a delay or denial of your claim, you are responsible for payment in full in a timely manner. If payment cannot be made when due, please contact our billing department to set up a payment arrangement. After 90 days, if no payments have been received or arrangements made, necessary collection proceedings will begin. You will be responsible for all costs, including court costs and attorney fees, incurred in the collection of these charges.

Our office does not submit claims to insurance companies that we are not contracted with (out-of-network) or have opted out of, including but not limited to Medicare, UMR, United HealthCare, Magellan and all Medicaid products. If you have an insurance plan that is out-of-network, you will be considered self-pay and payment is due at time of service. If you have primary out-of-network insurance and an in-network secondary insurance, you will need to pay for services up front, provide the billing department with the primary explanation of benefits and then we will submit to your in-network secondary insurance. We will do what we can to get the secondary policy to cover services, but we cannot guarantee any insurance coverage for services provided.

You are responsible for providing our office with your most current insurance information, whether it is in-network or out-of-network. Any delay in our office receiving this information can lead to insurance not covering services due to their timely filing deadlines or, if it is out-of-network, a large bill for you. Our office will not submit in-network claims that are past the insurance company timely filing deadline.

A minimum of \$25.00 fee will be assessed for the completion of medical forms. These include but are not limited to: bulletins, work excuses/releases and basic academic forms. **Forms that require more in-depth work will be assessed by time spent completing them at a rate of \$4 per minute.** These include but are not limited to: disability forms, FMLA forms, academic withdrawal and tuition reimbursement forms, etc. Insurance companies will not pay for these charges and you will be responsible for payment in full.

When you sign this agreement, you are responsible for payment of your bill. If you wish to arrange for someone else to have responsibility for some or your entire bill, you must arrange for them to sign a copy of this agreement. Until such a copy is on file, we must hold you responsible for the bill.

I have read the above information and agree to accept responsibility for payment.

Signature

Patient Name

Relationship if not patient

Date