

## **Dill-Standiford Psychological Associates, Inc.**

### **FINANCIAL POLICY GUIDE**

The following information is a guide which outlines our practice's financial policy. If you have any questions about this information at any time, please contact our office. We hope this information will be helpful to you in understanding your insurance and health-care financial responsibility.

#### **HEALTH INSURANCE**

Your health insurance is yours and belongs to you or someone in your family. It is your responsibility to know what services your plan covers. Mental health coverage is not always the same as your major medical coverage. If our practice contracts with your insurance company through a separate agreement to accept their fee schedule for services, we are referred to as participating providers. In those cases, we will accept payment directly from your insurance company and you pay only your deductible, co-pays and co-insurance at the time of service. We will bill your insurance directly or, if you prefer, we can provide you with statements. Also note that some health insurance companies outsource their mental health coverage. In these cases, we must have separate agreements with both companies to be considered in-network, or participating providers.

#### **CO-PAYS/CO-INSURANCE**

Co-pays and co-insurance are part of your agreement with your insurance company and are your responsibility. These fees are due at the time of service. We accept cash, checks, Visa, MasterCard, Discover and American Express.

#### **MINORS**

In the case of patients who are minor children of divorced or separated parents, the custodial parent is responsible for payment, whether or not he or she is the parent with insurance coverage, unless other agreements are made in writing between DSPA and all legal guardians.

#### **CHECK POLICY**

We gladly accept checks for payment. However, we cannot accept postdated checks. When you provide a check as payment you authorize us to collect a fee of \$25 through electronic fund transfer from your account if your payment is returned unpaid. Please include your full name, address, phone number and driver's license number on your check. Make your check payable to: Dill-Standiford Psychological Associates, Inc.

#### **DELIQUENT ACCOUNTS**

If your account becomes past due and there is no valid reason for your payment delay, appropriate action will be taken to recover the amount due within 90 days of the initial billing. If there are legitimate problems, please discuss them with our office so that we can help you find a solution. Also note that verification of your health insurance is not a guarantee of payment. Therefore, any balance unpaid by your insurance within 90 days of the initial billing is your responsibility.

#### **MISSED APPOINTMENTS**

If you find that you cannot keep a scheduled appointment, please give our office 24 hours notice (longer would be greatly appreciated). **Otherwise we must charge you for the missed appointment.**

#### **FEES NOT COVERED BY INSURANCE**

Please note that health insurance plans do not provide coverage for:

- Phone calls and collateral contacts made at your request, such as to other health care providers, family members or legal representatives
- Meetings outside of the office, such as school meetings to develop or review IEP or 504 plans
- Charges for missed appointments or appointments cancelled without adequate notice

Charges for these services are the full responsibility of the Guarantor.

#### **ADDITIONAL HELP**

Our staff is here to help you. If you have any questions regarding insurance filing, our practice fees or billing statements, please feel free to call our Office Manager at (215) 752-3268,

*Thank you for your confidence in our practice, and your understanding in these complex health care issues.*