

Financial Policy

Michelle E. Massey, MSW, LICSW, OSW-C

INSURANCE VERIFICATIONS - Before the initial office visit, my billing company will contact the client's insurance company to determine specific benefits. We will inquire if there is a deductible, co-pay, co-insurance, what services are covered, and whether or not a referral or prior authorization is necessary.

The information we receive is not a guarantee of the client's actual benefits and is subject to final processing by the client's insurance company. The client is responsible for all fees not covered by the insurance company.

PAYMENT ARRANGEMENTS – Should clients need to make special payment arrangements, please speak with my billing company by calling (360) 805-0323. Payment arrangements are based on the total balance due. Alternative payment arrangements may also be available.

PRIVATE BILLINGS - For clients without insurance coverage, full payment is due at time of service. All clients are quoted a fee for the office visit and are expected to pay at the time of the appointment. My financial policy does offer a fee at time of service discount if you do not have insurance or do not wish to utilize your insurance.

FORMS OF PAYMENT – In addition to cash or check, we kindly accept Visa, MasterCard, and Discovery for payment of services. There will be a \$35.00 fee for checks returned for insufficient funds.

COLLECTION NOTICE – I understand that any and all accounts that become 90 days delinquent are subject to collections.

Insurance Company: _____

ID#: _____

Subscriber Name: _____

Group#: _____

_____ I certify that I am eligible for benefits under my prepaid health benefit plan. In the event that I am later found to be ineligible or in consideration of being treated without proof of eligibility, I agree to pay for any and all services provided by my individual practitioner based upon regular fees then in effect.

_____ I understand that all Co-pays, co-insurances, deductibles and non-covered services will be due at the time of service unless other payment arrangements are made with the provider or billing company directly.

_____ I grant permission to Prestige Medical Billing Co., Inc. to submit claims on my behalf to my insurance carrier for services provided by Michelle E. Massey, MSW, LICSW.

_____ I authorize the release of any medical or other information necessary to process my claims.

_____ I authorize payment of medical benefits to Michelle E. Massey, LICSW directly from my insurance carrier.

CLIENT FEE SCHEDULE

Psychiatric diagnostic interview (90791)	\$150.00
Individual Session 30 min. (90832)	\$75.00 – 16-37 minutes
Individual Session 45 min. (90834)	\$120.00 – 38-52 minutes
Individual Session 60 min. (90837)	\$150.00 – 53-60 minutes
Family Session w/ Patient Present (90847)	\$175.00 – 60 minutes
Family Session w/out Patient Present (90846)	\$175.00 – 60 minutes
Interactive Complexity Add On	\$15.00
Prolonged Services Code	\$100.00 – 30-74 additional minutes

SERVICES NOT COVERED BY INSURANCE

Forms and letters outside of appointment	\$150.00/hour, billed in increments of 15 min.
Letters for attorneys billed at separate rate	\$250.00/hour
Clerical fee for searching/handling records, per WAC	\$26.00
Pages 1-30 (copying fee), per WAC	\$1.17 per page
Pages 31+ (copying fee), per WAC	\$0.88 per page
Editing of confidential information, per WAC	\$150.00/hour
Returned check fee, plus original amount due	\$35.00
No show or late cancel fee for follow-up clinic visits	Equivalent to your appointment Charge

I have read and understood the above information and have been provided with a copy at my request.

Patient Signature or Parent/Guardian (if under 18 years of age)

DATE

Patient Name

Patient D.O.B.