

JENNIFER BOISTURE, MD

PAYMENT POLICIES

GENERAL INFORMATION

As of May 13, 2019, **Dr. Boisture does not contract with third party insurance companies.** This decision is based on Dr. Boisture's commitment to providing the best possible treatment while minimizing the impact of managed care and insurance restrictions. Services are provided on a private-pay basis only. _____ (Initial here)

At each appointment, Dr. Boisture will provide a statement of services, including the relevant date, charge and procedure and diagnostic codes necessary for you to submit a claim to your insurance. However, Dr. Boisture cannot complete HICF forms, fill out authorizations or referral forms, make phone calls to insurance or take part in an appeals process for payment.

FEES AND PAYMENT

Fees for appointments are as follows:

90 minute initial appointment \$400

60 minute follow up appointment \$350

30 minute follow up appointment \$250

_____ (Initial here)

Fees are collected at the time of service and are payable by cash, check or credit card.

For your convenience, you may place a credit card on file. However, with only one exception (see Cancellation Policy below), this is not required. Credit card information will be stored in a secure, encrypted electronic vault managed by Square, our credit card processor.

If you choose to place a card number on file:

1) you still will be given the option to pay for appointments with cash or check

2) missed appointment and late cancellation fees (see below for amounts) will be charged to your account without prior notice. _____ (Initial here)

CANCELLATION POLICY

Time set aside in Dr. Boisture's schedule for your appointment is reserved just for you, and **Dr. Boisture requires a minimum of 24 hours notice of cancelled appointments.**

_____ (Initial here)

For appointments missed without adequate notice, charges are as follows:

Missed 60 minute appointment \$150

Missed 30 minute appointment \$100

_____ (Initial here)

In the case of two consecutive missed appointments without adequate notice, you must pay any outstanding balance on your account prior to scheduling another appointment.

_____ (Initial here)

After two missed appointments without adequate notice within 12 months, prior to scheduling another appointment, **you must:**

- 1) clear any outstanding balance on your account; and**
- 2) place a credit card on file with our office.**

In addition, in this case, for any future missed appointments without adequate notice, you will be charged full fee as follows:

Missed 60 minute appointment \$350

Missed 30 minute appointment \$250

_____ (Initial here)

ADDITIONAL SERVICES

Writing letters and clinical reports, completion of disability forms or extensive phone calls will generally be charged (in 15 minute increments) at a rate of \$400/hour. _____ (Initial here)

LEGAL TESTIMONY/REPORT WRITING

Sometimes during the course of evaluation and treatment, a client may request a letter or report to a third party for legal purposes or request that deposition or legal expert witness testimony be provided by their treating clinician. If it is determined such action is in the best interest of the client, the clinician will proceed with written consent from the client, to offer such services at a rate of \$400/hour plus expenses discussed in advance, payable at the time of services. Travel time will be billed at the same hourly rate.

In the event a formal subpoena for records or testimony is received, Dr. Boisture's policy is as follows:

- 1) The client will be notified of the receipt of the subpoena and, upon request, provided with a copy of the subpoena;
- 2) The client must either provide the clinician with a waiver of objection to the subpoena in writing OR the client must indicate an objection will be filed with the court by the client's attorney with a copy sent to the clinician;
- 3) If an objection to the subpoena is to be filed with the court, it is the client's responsibility to do so. All services provided and expenses incurred by the clinician for court-related issues, including but not limited to contact with attorneys, depositions, travel and courtroom proceedings will be charged to the client as per regular professional fees and payment policies. Payment in full is required prior to release of legal documentation.

I have read and agree to abide by the policies as written above.

Print Name

Signature

Date