Statement of Financial Responsibility

Thank you for choosing Peter A. Gold, Psy.D. P.A. for your mental health care. We are committed to providing you with quality services. Please carefully review the following financial policy regarding your care.

Insurance Coverage and Payment

While we accept many insurance plans, it is **your responsibility to verify whether we are in-network with your specific plan**. We will submit claims to your insurance provider on your behalf **for those insurance companies with whom we are in network**; however, you are ultimately responsible for any charges not covered by your insurance.

As a **courtesy**, a quote of benefits will be provided by Peter A. Gold, Psy.D. P.A., but please note that this is **not a guarantee of payment** from your insurance company. It is your responsibility to contact your insurance company directly to verify your mental health benefits.

If your insurance company does not pay for services, you will be responsible for full payment. Peter A. Gold, Psy.D. P.A. will bill you directly if we are not in network with your insurance company, and you will be solely responsible for all charges.

You are responsible for:

- Understanding your insurance benefits, including any deductibles, co-pays, co-insurance, and limitations on coverage
- Ensuring that any required authorizations or referrals are obtained prior to your appointment
- Notifying Peter A. Gold, Psy.D. P.A. immediately of any changes to your insurance, including revisions, additions, or terminations of your plan

Although we make every effort to inform you of our network status with your insurance company, **it is ultimately your responsibility to know and confirm this**.

This agreement authorizes **continued contact between Peter A. Gold, Psy.D. P.A. and your insurance company** for the purpose of exchanging information related to billing and payment. If you do **not authorize Peter A. Gold, Psy.D. P.A. to release treatment records** to your insurance company, your insurance company may not cover your treatment.

Cancellations and Missed Appointments

We require at least **24 hours' notice** for appointment cancellations. Missed appointments or late cancellations may be subject to a fee of $50.00, which is **not billable to insurance.**

Agreement

By signing below, you acknowledge and accept financial responsibility for services received at Peter A. Gold, Psy.D. P.A. and agree to pay any portion of the fees not covered by your insurance. You understand that verifying insurance coverage and network status is your responsibility and consent to Peter A. Gold, Psy.D. P.A. submitting claims and exchanging necessary information with your insurance provider.

Patient Name: _____

Signature: _____

Date: _____