

Sullivan Mental Health Services, LLC

Insurance Payment and Billing Terms

Please take a moment to read about our payment and billing procedures so that there will be no misunderstanding later concerning our fees and billing practices.

What are your fees for your services?

Mental Health Counseling

90791 Intake assessment, \$125.00

90832 Psychotherapy, 16-37 minutes with patient \$65.00

90834 Psychotherapy, 38-52 minutes with patient \$85.00

90837 Psychotherapy, 53+ minutes with patient \$120.00

90846 and 90847 Family psychotherapy without and conjoint \$100.00

90785 Interactive add on \$13.00

If you have a question regarding a specific service, we will be happy to discuss it anytime with you.

Does my medical insurance cover these services?

Medical insurance coverage varies widely. Coverage is broken down into, out of network benefits, and in network benefits. It is your responsibility to understand what services are covered by your insurance company. It is also your responsibility to understand if Sullivan Mental Health Services is in network or out of network with your particular insurance.

Sullivan Mental Health Services will make every attempt to contact your insurance carrier to verify eligibility and benefits. However, eligibility is subject to change during claim processing. Payment of claims is never guaranteed by Sullivan Mental Health Services or the insurance carrier. If your insurance carrier requires a referral, it is your responsibility to obtain that referral before the time of your appointment. Payment in full is required at the time of service.

How will I be billed?

Please understand that you, the client, are responsible for the bill from Sullivan Mental Health Services. We will send out monthly statements regardless as to whether or not insurance has paid. Insurance processing and payment could take as long as 8 weeks or longer. Payment is due at the time of service whether it be the full amount going to deductible or a known co-pay or co-insurance amount. Insurance may provide reimbursement for covered medical services. As a courtesy we will provide you with an itemized statement to submit to your insurance or we can submit to most insurance carriers, if we are provided with the policy number, address, and any other pertinent information. **As a reminder you are responsible for all deductibles and charges not covered by insurance. Sullivan Mental Health Services, as a third party, cannot become involved in prolonged insurance negotiations, this is your responsibility.** All accounts past due are subject to collections. If the account is turned over for collections 21% interest and 30% collections costs will be added to the principle balance. By signing you agree to the release of any medical information necessary to process a claim.

Signing this document signifies that you have reviewed and agree to our payment and billing terms. Please note this is only an estimate and does not confirm coverage. The bill is ultimately your responsibility.

Deductible _____ What has been met _____

Co-Payment _____

Co-Insurance _____

Print Name: _____ Signature: _____ Date: _____