

Payment Policies

Thank you for choosing Answers Within, PLLC for your mental health care. This policy has been put in place to ensure that financial payments are recovered to allow us to continue to provide our patients with quality care. It is important that we work together to assure that payment for service is simple and straightforward. We will be happy to discuss these policies with you.

**Please carefully read and initial each statement and sign below.**

You agree to pay professional fees as follows:

In-Network

\_\_\_\_I understand that if I do not have my insurance card, referral, co-payment, deductible, and/or coinsurance, that my appointment may be rescheduled until such time that I can provide the required documents or payments.

\_\_\_\_I understand I am financially responsible for any copayments, deductibles, coinsurance and all charges, which are not covered by my insurance. I understand that verification of coverage is not a guarantee of payment of benefits. My insurance company determines benefit payments. I understand I will be responsible for the portion not covered by my insurance. I understand I am responsible for knowing my financial responsibility for all tests and procedures

Out-of-Network

$275 for 60 min for Initial appointment

$150 for 30 min Follow-up appointments

\_\_\_\_You agree to pay for any time spent in your care outside of session time on a prorated basis (unless otherwise detailed below). Unfortunately, insurance companies typically do not reimburse for this. Some examples include, but are not limited to:

\_\_\_\_No shows/rescheduling with less than 24 business hours notice: full session charge.  For example, if your appointment is on Monday at 4pm, you will communicate your cancellation no later than the previous Sunday at 4pm; if an appointment is on Tuesday at 10am, you will communicate no later than Monday at 10am.

\_\_\_\_$200 an hour for - Testimony in court, at depositions, administrative hearings, board reviews, and all time required for preparation and travel, whether requested by you or ordered by a court, board, government agency or other legal authority

\_\_\_\_Payment is due at time of service. Any billed items such as no shows and other prorated charges, are due within 30 days of invoice. Payments not timely paid shall be subjected to $25.00 monthly late fee, and 10% interest per annum.

\_\_\_\_Cash or credit cards are the only forms of payment accepted. You will be charged $2.50 for each credit card transaction

\_\_\_\_There is a $50 fee for credit card chargebacks that are unsubstantiated

  You are financially responsible for all charges, whether or not:

\* Insurance pays for any services

\* We decide to proceed with treatment

\* Treatment is successful, for which there cannot be any guarantee

You affirm you are an authorized user of the credit card whose number and expiration date supplied, and you do authorize its use for all fees incurred.

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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