## Jeanne M. Morris-Foley, N.P. Psychiatry P.C 4655 Nesconset Highway Port Jefferson Station, N.Y. 11776

## **BILLING POLICIES**

24-hour notification is needed for any cancelled appointments. A fee of \$75.00 will be charged for any cancelled appointments without 24-hours notice and No-show appointments.

You are responsible, at the time of the visit, for any co-payments due. You are also responsible for any payments due to Jeanne M. Morris-Foley to include, if applicable, any visits that were applied to your deductible, any visits after you have utilized your maximum benefits allowed, any visits due to change in insurance in which this office was not notified, or any visits in which it was your responsibility to obtain an authorization.

Occasionally, a check is mailed to the patient instead of the provider. Unless you made arrangements to strictly be a self-pay with Jeanne Morris-Foley and you are submitting claims yourself, those payments received by you are to be paid to Jeanne Morris-Foley.

If there is an overdue balance of more than 2 payments and there have been no prior arrangements with Jeanne M. Morris-Foley, no further appointments will be scheduled until the balance is paid in full.

In the event the above policies are not met the card on file will be charged.

your signature below indicates your agreement of these policies.

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| Patient Signature/ Parent of Minor          | Patient Printed Name |
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| Name on Card:                               |                      |
|   |                      |
| Card Number:                                |                      |
|   |                      |
| Expiration:                                 |                      |
|   |                      |
| CVV/CV2 code:                               |                      |
|   |                      |
| Rilling 7in Codo:                           |                      |
| Billing Zip Code:                           |                      |