

FINANCIAL & PAYMENT POLICY

Thank you for choosing Center Street Center as your behavioral health provider. We are committed to providing you with quality care. Because some of our patients have questions regarding patient and insurance responsibility for services rendered, we have this payment policy to help you understand your responsibility (and ours) in the payment process.

INSURANCE: We participate in some insurance plans. If you are not insured by a plan in which we participate, payment in full is expected at each visit. We will provide you a receipt of services if you ask for it, so that you can submit to your insurance carrier yourself for out-of-network coverage. If you are insured by a plan we do business with, but do not have an up-to-date insurance card, payment in full is expected at each visit until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. If your insurance company does not pay your claim, the balance will be your responsibility. As the policy holder you understand that you are 100% responsible for all charges, copays, and past due balances on your dependent accounts.

COPAYMENTS AND DEDUCTIBLES: All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. We will give you our best estimate of what the co-pay should be for each visit. For many policies, the copay may change during your course of treatment and insurance plans change without notifying providers. The only way we can confirm exactly what a copay should have been is by reading the materials that come to us from the insurance company after the session is billed and paid. You may receive a copy of this Explanation of Benefits (EOB) from your insurance company. If your copay was higher than collected, you are responsible for paying the difference. If it should have been lower, we will give you a refund or credit at your next visit.

NON-COVERED SERVICES: Please be aware that some and perhaps all of the services you receive may be non-covered or not considered reasonable or necessary by insurers (e.g. custody evaluations). You must pay for these services at the time of service.

PROOF OF INSURANCE: All patients must complete our Client Intake Form before seeing a clinician. We must obtain a current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of the claim.

CLAIMS SUBMISSION: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Tracy E. Hill, Ph.D. & Associates LLC

Center Street Center | Mediation & Custody Evaluation Services (MCES)

COVERAGE CHANGES: If your insurance changes, please notify us before your next visit so that we can make the appropriate changes to help you receive your maximum benefits. If you fail to notify us of insurance changes in a timely fashion, you will be responsible for the entire bill.

NONPAYMENT AND COLLECTIONS: If your account is over 30 days past due, you will receive a letter stating that you have 14 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid for 60 days, our policy is to refer your account to a National Collection Agency authorized to credit report all outstanding debts to the four major National Credit Agencies, litigate in a court of law where other legal fees may apply and charge a service fee of \$75.00 in addition to charge you additional collection fees which may include a) interest on any outstanding amounts from the due date calculated at the statutory penalty rate of 6%, b) legal and debt collection fees incurred by Center Street Center in recovery of outstanding amounts

EXPECTATIONS: We do not have any expectations that fees, insurance or nonpayment will be an issue. However, we provide this information in the unlikely event that such unpleasantries may exist.

My signature below indicates that I have read, understand and agree to abide by our cancellation policy:

Name

Signature

Date: _____