



PATIENT FINANCIAL POLICY

Main Line Behavioral Health and staff are committed to providing you with high quality care. We will be happy to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask the Secretary if you have any questions about our fees, financial policy or your financial responsibility.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE. In the case of a minor, the patient’s accompanying adult, parent or guardian is responsible for payment at the time of service. This includes all insurance co-pays. **WE ACCEPT CASH, CHECKS, VISA AND MASTERCARD.**

WE PARTICIPATE WITH A NUMBER OF INSURANCE CARRIERS HOWEVER WE ADVISE EACH PATIENT TO CALL HIS OR HER INSURANCE TO VERIFY BENEFITS AND THE PROVIDERS IN OR OUT OF NETWORK STATUS. It is not our responsibility to know what limitations, exclusions, deductibles or co-pays each group insurance plan might leave to a patient’s responsibility.

IF A PATIENT INSURANCE CHANGES MID TREATMENT, IT IS THE PATIENT’S RESPONSIBILITY TO SUPPLY US WITH THE NEW INSURANCE. IF HE OR SHE FAILS TO DO SO, WE RESERVE THE RIGHT TO HOLD EACH PATIENT RESPONSIBLE FOR 100% OF THE SERVICE FEES.

OUTSTANDING BALANCES

Treatment will be temporarily suspended for non-payment of fees for any balance over \$5.00. Existing Payment plans as of January 1, 2013 will be honored as payment of fees as long as the payments are made according to schedule.

REGARDING NON-PARTICIPATING INSURANCE PLANS

As a courtesy to our clients, we **will send a bill to any insurance as long as the necessary information is supplied. Patients are, however, required to pay the full fee at the time of service.** Any reimbursement due from the insurance will be sent directly to the patient.

We will not become involved with disputes between you and your insurance company regarding deductibles, co-insurance, covered charges, secondary insurance, “usual and customary” charges, etc., other than to supply factual information as necessary. As the insurance policy holder, you are responsible for timely payment of your account.

DELINQUENT ACCOUNTS

An account is considered past due 30 days following billing. Unpaid accounts beyond 90 days are considered delinquent and will be forwarded to a collection agency.

MISSED APPOINTMENTS

We would appreciate your help and the courtesy of a call **if you are unable to keep your scheduled appointment. Please notify our office as soon as possible.** We reserve the right to charge a missed appointment fee for each appointment that is not canceled in a timely manner.

RETURN CHECKS and UNPAID INSURANCE COPAYS

There will be a transaction fee of \$15.00 for any check that is returned for insufficient funds.

We reserve the right to add a transaction fee for unpaid insurance co-payments.

INSURED/SELF PAY FEES (per session)

Therapy Evaluation: \$144.00, Therapy Individual Follow Up: \$58.80–99.00, Therapy Couples Follow Up: \$93.00, Group Therapy: \$43.20, IOP: \$230.40

*** Patients are responsible for any copays, deductibles and/or coinsurances applied by their health insurance at **EVERY VISIT*****

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN PROVIDED WITH, READ AND UNDERSTAND THE PATIENT FINANCIAL POLICY STATED ABOVE AND AGREE TO BE SUBJECT TO IT.

Patient Signature *** Parent/Guardian Signature (If patient is under 18 years of age)

Date

Patient Signature *** Parent/Guardian Signature (If patient is under 18 years of age)

Date

Witness Signature

Date