BILLING POLICY

Client Name: _____ DOB: _____

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We will fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services are covered by your insurance policy.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. It may be necessary to seek approval for more therapy after a certain number of sessions or for psychological testing.

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes, we have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. We will provide you with a copy of any report we submit, if you request it. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

APPOINTMENTS and PROFESSIONAL FEES

Appointments are either 45 minutes or 60 minutes in length, but with younger children this can be shorter, and the time is more than made up with collateral contacts by phone with the parents or teachers. Appointments are generally scheduled once a week or once every two weeks. Our fees are $150 per 45 minute therapy sessions and $200 for 60-minute sessions. The first appointment includes a diagnostic assessment and this session is usually billed at a higher rate (usually $280/assessment).

- Initial Assessment $280
- 30 Minute Therapy Session $100
- 45 Minute Therapy Session $150
- 60 Minute Therapy Session $200

Billing for psychological testing is different. While fees are also based on our time involved in the administration of assessment instruments, this billed time also includes time spent scoring, interpreting, and writing-up of a report. Typically, the charges will be between 1½ - 2 times the amount of actual face-to-face contact. The fee for psychological testing is $150 per hour.

BILLING POLICY

If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge $300 per hour for preparation and attendance at any legal proceeding.

You are responsible for the full payment of fees for services provided. All deductibles, co-pays, and co-insurance amounts will be billed to you. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment installment plan. You will be expected to pay for each session at the time that it is held unless we agree otherwise or unless you have insurance coverage, in which case we will bill your insurance.

CANCELLATION POLICY

If you are unable to keep a scheduled appointment, please call to cancel as soon as possible, not less than 24 hours in advance. Leave a phone message and we will contact you to reschedule. Failure to cancel with less than a 24-hour notice will result in your being charged the normal rate for the time that has been reserved for you. This policy also applies when you fail to show up for an appointment. It is important that you know that insurance companies do not pay for services which were not actually provided and that the entire amount will need to be paid by you. Missed appointments or repeated cancellations may result in the discontinuation of services. There will be a fee for the missed session according to the following schedule:

- First No Show/Late Cancellation $75
- Additional No Shows/Late Cancellations $150

SUPPORT SERVICES

Phone calls made for arranging appointments or to exchange brief information regarding a client will not be charged unless the total time of the call exceeds 15 minutes. Other professional services, such as phone calls lasting more than 15 minutes, your request for my attendance at meetings with other professionals, and preparation of records or treatment summaries will be charged $150 per hour in 15-minute increments. Insurance companies do not reimburse support services.

PAYMENT

Aurora Psychological Services accepts cash, check, Visa, MasterCard, American Express, and Discover. We require you to leave your credit/debit card information on file for us to charge any copays, co-insurance, deductible amounts, support service charges, late cancellation, missed appointment, and/or any other out-of-pocket fee amounts that may accrue. All credit card charges will incur a 3% convenience fee. If an electronic payment is frozen or denied, you are responsible for ensuring that full payment is made by other means.

OUTSTANDING ACCOUNTS

Our billing service provides monthly invoices if your account has a balance. If a balance accrues and no payment is received within 90 days of the date of service, Aurora Psychological Services reserves the right to seek payment by any means, including using the credit/debit card information we have on file, retaining a collection agency, and/or taking legal action in court. If a payment plan is required, account balances between $1 and $499 will be charged at least $100 per month and account balances greater than $500 per month will be charged at least $150 per month.

BILLING POLICY

Please complete the following payment sections.

Primary Insurance
Policy Holder Name: _____ Relationship to Client:_____
Address:_____
DOB: _____ Employer: _____
Insurance Company: _____
Policy/ID#: _____ Group Plan #:_____

Secondary Insurance
Policy Holder Name: _____ Relationship to Client: _____
Address:_____
DOB: _____ Employer: _____
Insurance Company: _____
Policy/ID#: _____ Group Plan #:_____

Credit Card/Debit Card Information
I, _____, agree that my credit card information and signature may be kept on file and confidentially maintained to pay for services that are rendered by Aurora Psychological Services.

Name on Card:		
Credit Card Number:		Expiration Date:
Billing Address:		CVV Code:
City:	Zip Code:	
Signature:		

Agreement and Release of Information for Services
Please initial and sign the following:

_____ I have read and understand the above described billing policies.

_____ I understand the 24-hour cancellation and missed appointment policy and accept responsibility for payment as described above.

_____ I understand that no further information will be released without my advanced knowledge, except as authorized by law, and that access to this information will be limited to those individuals who require access to accomplish the above billing procedures. I understand that I may revoke this consent at any time and that it will expire within one year of this date or when the purpose for which it was granted has been accomplished.

_____ _____
Client or Guardian Name Telephone Number

_____ _____
Client or Guardian Signature Date

_____ _____
Person Financially Responsible for Client Account Telephone Number

_____
Payor's Signature