

FINANCIAL POLICY

This Financial Policy of Cedar Ridge Counseling, LLC ("the Provider") is designed to outline patient and practice responsibilities so as to avoid any misunderstandings or disagreements concerning payment for professional services. Patients are encouraged to read the following carefully and present any questions that they may have about these terms and conditions before beginning treatment.

Patients who do not have insurance coverage or do not have insurance benefits to cover services rendered:

Patients who do not have any insurance coverage are expected to pay for services at the time of the visit.

Payment plans may be available for patients upon request and are at the discretion of each individual provider.

Patients who are covered by insurance:

Our office participates with numerous insurance companies. The patient is responsible to provide us with valid health insurance information and execute the assignment of benefits forms so that the Provider may bill the insurer for services rendered. The patient is required to notify us in the event of any insurance changes.

If you have an insurance that our practice participates with:

- The patient is responsible to pay any co-payment or estimated balance at the time of the visit.
- Any services not covered by insurance are the patient's responsibility and payment in full is due at time of visit.
- The patient is solely responsible for ensuring that he or she is covered by the insurer for services rendered by the Provider. Specific coverage issues should be addressed to the insurance company's member services department. It is recommended that you contact your insurer prior to receiving services to verify and confirm that insurance coverage is available for the specific treatment as it relates to the diagnosis.
- In the event that your insurer fails to remit payment within 60 days, it is the patient's responsibility to pay the balance in full. We will bill for the payment due if 60 days from the date of treatment have expired and payment from the insurer has not yet been received by the Provider. The Provider will reimburse you when payment is received from your insurer.

If you have an insurance that our office does not participate with:

- If a patient has an insurance that we do not participate with, payment is expected at time of service. It will be treated as an out of network claim.

If you are covered by an HMO or Managed Care Plan:

- The patient is responsible to pay any co-payment or any portion of the charges as specified by the plan at the time of the visit.
- The patient is responsible to make sure that any required referrals are provided to the practice at the time of the visit. *The patient will be financially responsible for any charges resulting from the lack of a referral.*

Other:

- Patient is responsible for all fees incurred by the Provider as a result of a bounced check or any other instrument dishonored by the patient's bank for any reason. Payment will be due before the next scheduled visit.
- The patient is responsible to give the Provider a minimum of 24 hours notice in the event that a scheduled appointment is to be cancelled. In the event the patient fails to provide such notice, and fails to appear for the scheduled appointment, the patient will be responsible to pay a no show fee (\$85 for LCSWC, LCPC and \$100 for PhD, PsyD). If patient fails to show to a scheduled appointment for two visits, Cedar Ridge Counseling, LLC retains the rights to discontinue that scheduled time, to offer to other patients.
- In the event that the patient's insurer does not cover services provided due to a non-covered diagnosis or if services are deemed not medically necessary, or for any other reason, it is the patient's responsibility to pay for services in full.

**I have read this Financial Policy and understand my role and responsibilities and hereby authorize Cedar Ridge Counseling, LLC to bill for any charges as outlined above.

Patient/responsible party signature:

Name: _____ Date: _____

