



## Financial Policy

June 2014

**Thank you for choosing Legacy Clinical Consultants, LLC and entrusting us with your individual and family mental health care needs.**

We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we ask you to read and agree to prior to any treatment.

### **FULL PAYMENT IS DUE AT THE TIME OF SERVICE.**

We accept Cash, Checks, Debit Cards, Discover, MasterCard, Visa and American Express. Payment may be made in person, via mail, or telephone authorization.

### **Usual and Customary Rates**

Our fees reflect usual and customary rates for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. You are also responsible for payment of all charges regardless of your insurance company's determination of medical necessity.

### **In-network Insurance**

Patients who are members of Blue Cross/Blue Shield PPO, Cadence HMOI, Aetna, Optum/United Behavioral Health or Medicare may be required to pay a co-payment or co-insurance. These payments are due at the time of service. Authorizations should be obtained by the patient prior to the office visit.

### **Other Insurance**

**For insurance other than those listed above, full payment is due at the time of service. A claim form will be submitted for outpatient services with the necessary information required by your insurance company.** Not all insurance plans pay the same benefits or apply the same deductible, thus there may be balance differences in reimbursement rates after your insurance has paid. Since the insurance contract is an agreement between you and your insurance company, any unpaid balance will remain the responsibility of the insured. After regular payments are being received from your insurance company, only the expected co-payment will be due at the time of service.

### **Missed Appointments**

**All appointments must be cancelled or rescheduled with a 24 hour notice, unless there is a serious personal or weather emergency.** For your convenience, we have provided a 24-hour voice mail service for you to meet the time requirement. Please help us serve you better by keeping scheduled appointments. Fees for missed appointments are charged on a graduated basis as follows. Insurance does not reimburse for missed appointments.

1 <sup>st</sup> Missed Appointment	Charge \$0.00
2 <sup>nd</sup> Missed Appointment	Charge \$50.00
3 <sup>rd</sup> Missed Appointment	Charge \$100.00
4 <sup>th</sup> + Missed Appointment	Charge \$150.00 (and possibly termination of services)

### **PATIENT BALANCES**

It is also our policy not to allow a balance to exceed \$300 or go beyond 60 days past due. If your balance exceeds that amount or ages beyond 60 days, it will be reviewed with your therapist, and no further sessions will be scheduled until this issue is resolved. Monthly interest will be assessed on accounts over 30 days or those with previous payment arrangements that are not being followed. Accounts with no payment activity will be considered delinquent after 60 days and will be referred to an outside agency for collections.

If your account is turned over to a collections agency, you will be subject to pay an additional fee in the amount of 25% of the unpaid balance, in addition to the principle amount owed, to collect any outstanding balance. This may include, but is not limited to, filing fees, court costs, collection agency fees and attorney fees.

**Please be aware there will be a \$30 charge for checks returned for non-sufficient funds.**