

Susan Pauna, M.S., LCPC

OFFICE POLICIES

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of our bill is considered part of your treatment. The following is a statement of our Office Policies.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. All payments are due at the time of service. The insurance contract is an agreement between you and your insurance carrier; therefore, you are responsible for payment regardless of any insurance company's arbitrary determination of the usual and customary rates.

Insurance Coverage:

Patients who are members of BCBS PPO who have co-pay insurance policy will be required to pay a co-payment, which your insurance company requires us to collect at the time of service. As a courtesy, authorizations for services may be obtained prior to the office visit if advance information is obtainable. In the event that an authorization from your insurance cannot be obtained, you are still responsible for payment of services. Patients will receive a Superbill that contains all of the codes necessary to assist the patient in their own efforts to obtain insurance reimbursement.

Patient Accounts:

For every patient any outstanding balances the credit card kept on file will be charged around the 21st of each month, unless previous arrangements have been made in writing with the office. Patient accounts with no payment activity or those with previous payments arrangements that are not being adhered to, will be considered **past due** after **60 days** and may be referred to an outside agency for collection. All costs associated with this action will be the responsibility of the patient. Accounts with balances past **90 days** will be subject to a finance charge of 1.5% per month. Patients with delinquent bills may also be dismissed from the practice.

Confidentiality:

Mental Health law dictates that we can neither confirm nor deny that a patient is being seen or has been seen at our practice without **written** authorization from the patient, which includes **any and all** family members unless the patient is less than 18 years of age. Please be advised this also includes questions regarding billing matters.

Patient Signature

Date

Legal Guardian Signature

Date