

Susan C. Reeder, Ph.D.  
Licensed Psychologist  
PY0004516

### FINANCIAL POLICY

We are committed to providing you with the best possible psychological care. In order to achieve this goal, we want to be clear about our payment policy.

#### **PAYMENT FOR SERVICE IS DUE AT THE TIME SERVICES ARE RENDERED -**

We accept cash, personal checks, MasterCard and Visa. Returned checks are subject to a service charge of \$20.00 or 5% of the face value of the check, whichever is greater and you will lose your privilege to write checks at our office. There will be a \$15.00 monthly charge added to any accounts which have an outstanding balance after 60 days. This does not include accounts with pending insurance claims.

**CANCELLED APPOINTMENTS** - Patients who do not provide 24 hours notice for cancelled appointments will be charged a fee equal to one half of the individual therapy rate. Please realize that insurances do not cover missed appointment charges.

**INSURANCE COMPANY COVERAGE - CO-PAYMENT AND DEDUCTIBLE MUST BE PAID AT THE TIME OF SERVICE.** If we are under contract with your insurance company we will file your insurance.

**MEDICARE** - Your deductible and 80% of the allowable charges are due at the time of service; however, since we are a Medicare provider we will file your Medicare. If we do not know the allowable charge for a specific service, we will bill you after Medicare pays. Please bring your Medicare Explanation of Benefits to show you have met the deductible.

**CHILDREN OF DIVORCED PARENTS** - *PAYMENT IS DUE AT TIME OF SERVICE* no matter who is responsible by order of the divorce decree.

**FINANCIAL AGREEMENT** - We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however, that:

1. You may choose to pay for services directly and not notify your insurance company.
2. You may choose to use insurance benefits, understanding that your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover (e.g. marital therapy, telephone conferences, reports).
4. I understand that I waive my right to be reimbursed for services already received should I change my mind and wish to use my insurance benefits at a later time.

We must emphasize that as your psychologist, our relationship and concern is with you and your health, not your insurance company. **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED.** On balances in your account after 90 days, including those that insurance has not paid, collection action will be taken. If the account is assigned to any attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and costs of collection. We realize that emergencies do arise that may affect timely payment of your account. If such extreme cases do occur, please contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to call us.

***I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date