

PAYMENT PROCEDURES

As a new patient, you are responsible for checking your benefits if you wish to use insurance for office visits. Our office is happy to assist with this, however; some insurance companies will give benefit information only to the subscriber.

We must have your benefit information by the second therapy session or you will be responsible for the full office visit fee at that time. Otherwise we will bill your insurance and you will be responsible for your co-payment at the time of service.

We are happy to complete two insurance forms and assist you with any problems with your insurance company. You must be aware, however, that the ultimate responsibility for your financial obligations lies with you.

In the event that insurance will not apply, we will work with you on a sliding scale, based on income. You will be required to present some proof of income in order for the office to determine your fee.

Because of the time and high cost of monthly billing, it will be very helpful if you make your co-payment at the time of the visit. Balances, which are left unattended upon termination of services, may be turned over to a collection agency, unless other arrangements have been made.

We require 24-hour notice for appointment cancellations. In the event that no notice is given within 24 hours, there will be a \$50.00 fee charged for the missed appointment. This fee is not covered by your insurance.

Litigation is very costly for a private practitioner due to the amount of time and disruption of schedule. Mr. Fenn prefers not to be involved in litigation. However, in the event he is subpoenaed or deposed, an initial payment of \$500.00 is to be paid **in advance** and a \$125.00 per hour fee for every hour thereafter. These costs are most likely to be the responsibility of the client involved in litigation. This is not a covered expense by your insurance company.

If reports, letters or other correspondence are required as a part of treatment then the charges are billed to the client and are not covered by insurance.

I fully understand the above procedures and will comply with them. Additionally, I authorize my insurance company, _____ to pay directly to Ed Fenn, LCSW for medical and/or major benefits for services rendered to patient _____. I also hereby authorize an exchange and/or release of information to my insurance company regarding diagnosis and /or treatment of my condition when same insurance company requests such aide in reimbursement, documentation of services, and utilization of services.

Signature of client or parent / Guardian if a minor

Date: _____

Signature of second client (same family)

Date: _____