



THE PISGAH INSTITUTE *for* PSYCHOTHERAPY AND EDUCATION, P.A.
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The management of mental health benefits has become very complex and time consuming. We try to be accurate when informing you of your benefits, but as the insurance companies clearly state, **benefit information is not a guarantee of payment.** We, therefore, cannot be certain of your account balance until after we receive payment from the insurance company

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Meg Price,
Practice Administrator

- You are responsible for knowing whether your insurance covers our services and the provider you are seeing. There are customer service numbers on your insurance card or ask your employer.
- Co-payments are due at the time of service. This is the **TOTAL** of what the insurance does not pay. If co-payments are not made, we may be unable to continue to provide service.
- If your balance exceeds \$200.00, you must speak to the office management prior to further treatment.
- Insurance policies are contracts between you and your insurance company. We file the claims as a courtesy and try to help with problems, but you will need to resolve those beyond our control. If insurance is not paying within a reasonable time, you will be responsible for the full payment.
- We will not file secondary insurance policies unless you have medicare as a primary insurance. If you have a secondary insurance, you must pay what your primary insurance does not cover.
- If your provider is not covered by your insurance company, full payment is due when services are provided.
- Phone consultations will be charged. These are not covered by insurance.
- There are charges for missed appointments and late cancellations. (Late cancellations are any appointments cancelled less than 24 hours prior to the appointment.) For established patients, the charge is up to the allowable for that patient's insurance. For new patients the charge is \$75.00 for a Ph.D. and \$100 for an MD (this charge must be paid before another appointment can be made.) Insurance companies will not pay on these charges.

SIGNATURE

DATE