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## *Financial Obligation Policy*

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### **Client Obligations**

Clients are responsible for payment for all services as outlined in this document. Clients are asked to contact the administrative office if there are disputes regarding their financial responsibilities.

Any amount not paid by your primary insurance company is your responsibility, including deductibles, copayments, and denied claims. It is your responsibility to understand which services are covered by your policy and which are not. You are also accountable to ensure that you do not exceed the yearly maximum number of visits allowed.

### **Insurance**

Our clinicians accept most insurances. If you have questions regarding coverage, please contact administrative staff directly at 724-609-5002 and someone will assist you.

### **Secondary Insurance**

This office will bill secondary insurance if we are in-network and you provide the insurance information needed to do so. If any information is given to us after previous office visits have occurred, it may be too late to retroactively bill even if insurance was effective.

### **Co-Pays**

Any applicable co-payment must be paid at the time of service or you may not be seen for your appointment. You may be charged a \$5.00 service fee for any co-pay that is not paid at the time of service. Your co-pay is determined by your insurance.

### **Forms of Payment**

We accept cash, personal check, and all major credit card forms of payment.

A fee of \$ 50.00 will be charged to your account for a check returned to us for Non-sufficient funds or any other reason.

### **Self-Pay**

Clients have the option for self-pay. These arrangements are made on an individual basis. If this is a preference, please contact the administrative staff to set up an appropriate self-payment plan prior your first appointment.

### **No Shows/Cancellations**

A 24-hour advance notice is required for the cancellation of any appointments. This includes psychotherapy, psychological testing, and psychiatry services. As a client you are to ***call the office at***

**724-609-5002 regarding any cancellation of any appointment.** Email or text to the clinician and/or office does not guarantee adequate notification of cancellation and issuance of a cancellation fee will be at the discretion of the provider.

Cancellation fees are at the discretion of the provider and outlined as follows:

**INITIAL PSYCHOTHERAPY INTAKE** appointment with less than 24 hours' notice will be charged a fee of \$40. The same cancellation fee applies to any client who fails to show for a scheduled appointment without any notice.

**ONGOING PSYCHOTHERAPY** appointments with less than 24 hours' notice will be charged a fee of \$40. The same cancellation fee applies to any client who fails to show for a scheduled appointment without any notice.

**INITIAL PSYCHIATRY INTAKE** appointment with less than 24 hours' notice will be charged a fee of \$150.

**ONGOING PSYCHIATRY MED CHECK** appointment with less than 24 hours' notice will be charged a fee of \$85. The same cancellation fees apply to any patient who fails to show for a scheduled appointment without any notice.

**INITIAL PSYCHOLOGICAL TESTING INTAKE** appointment with less than 24 hours' notice will be charged a fee of \$40. The same cancellation fee applies to any client who fails to show for a scheduled appointment without any notice

**ONGOING PSYCHOLOGICAL TESTING SERVICES** appointment with less than 24 hours' notice will be charged a fee of \$100. The same cancellation fee applies to any client who fails to show for scheduled appointment without any notice.

### **Account Balance**

Clients are responsible for any outstanding account balances. This includes but is not limited to missed co-payments, no show/cancellation fees, fees not covered by insurance, etc. Clients may not be able to schedule upcoming appointments with Cognitive Behavior Institute until their outstanding balance is paid in full.

If for some reason you are no longer able to afford services, please contact the administrative office to discuss payment options.

### **Credit Card on File**

We require a valid credit card to be held on file. You may provide this information directly to office staff and/or your clinician to be inputted into the secure Vault system. The information may also be disclosed on our Consent for Treatment. Credit cards on file may be charged for the following reasons:

- Co-payment for any appointments
- No show/cancellation fees as outlined previously in this document
- Psychological testing fees as outlined with your provider
- Outstanding balances as outlined with your provider
- Self-Pay services as outlined with your provider

Clients who choose to dispute charges appropriately made to their credit card as outlined in this document may be subject to discharge from services at Cognitive Behavior Institute.

**Other Services**

Any additional services such as letters, reports, phone contacts, depositions, court appearances, etc. are not covered by your insurance and may be billed at an hourly rate if you request said services. This is at the discretion of your provider. Court testimony will be at a charge of \$150.00 per hour for a clinician and \$300.00 per hour for a psychiatrist (travel time included) payable in advance. Any formal letter, report or written deposition will be at a charge of \$ 150.00 from a clinician and \$300.00 from a psychiatrist (scalable for time less than 1 hour) payable in advance.

**Refunds**

There will be no refund for out-of-pocket co-payments or insurance payments received for services rendered.