

Turning Point

Center for Psychological and Family Growth, LLC

FINANCIAL POLICY

We are committed to providing you with the best possible care, and we will be pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important at the outset of our professional relationship, in order to minimize any later misunderstandings. Please ask if you have any questions about our fees. Services are rendered on a “PAY AS YOU GO” basis. We accept cash, checks, debit cards and Visa/MasterCard/Discover/AmericanExpress. If you have insurance, we will file for you; however, we do expect you to pay your deductible and co-payment at the time of service. Please realize, also, that your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.

You are responsible for payment for all professional services rendered at Turning Point, including services that are not covered or paid by your insurance carrier. In accepting your insurance, we agree to modify our fee and accept the “allowable charge” permitted by your insurance carrier or managed care company. However, not all services are covered benefits in all contracts. Some insurance companies select certain services which they will not cover (e.g., some do not cover family therapy and most place limits on psychological testing).

In addition, **insurance companies generally will not pay fees for missed appointments, administrative fees, telephone consultations, or for written correspondence.** Turning Point professionals will, in most cases, provide requested information to medical and mental health professionals free of charge to you. However, we will charge our hourly fee for the time required to review records and compose letters that you request us to send to others. Likewise, telephone consultations are typically not covered by insurance carriers. Nonetheless, contact with your therapist may be sought in emergencies and certain other situations. We will charge our hourly fee for all after hours phone consultations, and for any extended (over 5 minutes) phone contact during office hours.

We must emphasize that as mental health providers, our relationship is with you, not your insurance company. While the filing of insurance is a courtesy that we extend to our clients, all charges are your responsibility from the date the services are rendered until the account is satisfied in full. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we ask that you contact us promptly for assistance in the management of your account. We can usually work out payment arrangements with you, but we ask that you make any such payments on a timely basis. Consistent failure to pay may result in your account being sent to collections, if all other efforts to collect the balance due have failed. Your home address and other identifying information, as well as your payment history, will be released during the collection process.

Please keep in mind that appointments are contracted time. If you fail to show for an appointment, or do not give sufficient advance notice of cancellation of appointments, we cannot

use that time to help someone else. Given the frequency of such occurrences, we have had to implement a very strict policy. We understand that situations may arise that require you to cancel an appointment. We ask that you do so by **3 PM the business day prior to your scheduled appointment**. Please keep in mind that the business day prior to your appointment may be more than the actual day before, considering weekends and holidays. Failure to cancel your appointment by **3 PM the business day before your appointment** will result in a flat \$35.00 charge, escalating to \$50.00 for the second incident, \$65.00 for the third, and \$80.00 for each subsequent failure to cancel. Cancellations less than one hour before your appointment time, or failure to show up for your appointment (FTS) will result in a flat \$50.00 charge, escalating to \$65.00 for the 2nd FTS, and \$80.00 for the 3rd FTS and thereafter. In the event of two successive late cancellations or failures to show, fees then must be paid prior to rescheduling an appointment. Additionally, future appointments will be taken out of the schedule if these fees are not paid within 48 hours of the second consecutive missed appointment. **New patients** are asked to pay their copayment for their first appointment when that appointment is scheduled, with the understanding that this fee will be forfeited if they fail to show up for that appointment or if they fail to cancel the appointment by 3 p.m. the business day before. Consideration will of course be given for emergencies. **A \$30.00 fee will be charged for returned checks.** If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you and we want to make sure that the sometimes difficult issue of financial arrangements is clearly understood at the outset of our relationship.

I have read and do understand the above, and agree to abide by the provisions of this financial policy. By accepting services, I accept the fee charged as a lawful debt and promise to pay said fees outlined above, whether or not covered by insurance, including the cost of collections, attorney fees, and court costs if such are necessary. I understand that the current collection fees range from 33% to 50% of any unpaid balance. I hereby authorize my insurance carriers to pay mental health/medical benefits directly to Turning Point Center for Psychological and Family Growth, LLC for all mental health services provided to me.

I acknowledge full responsibility for any charges denied by TriCare or other insurance companies due to failure to file claims through any existing primary insurance coverage that may have been in effect on the date of my services at TP.

Responsible Party

Witness

Date