

FAMILY PSYCHIATRIC ASSOCIATES

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FINANCIAL POLICY

This information has been prepared for your benefit. It contains our policies regarding insurance, billing, and payment of our services

1. A health insurance policy is a contract between the beneficiary (you) and the insurance company. The practice of Family Psychiatric Associates is not a party to that contract. Our business office will only file a claim with your insurance company if we are a participating provider with that company. It is your responsibility to assure that services provided to you are paid by either yourself or your insurance carrier. Any account remaining unpaid will be subject to collection action where an additional collection fee will be assessed to your account.

Patients with any other insurance carrier are considered private pay and complete payment is required at the time of the service. We will provide a statement of payment received should you be entitled to reimbursement from your insurance carrier.

2. All charges incurred are the responsibility of the patient. Not all services are a covered benefit in all contracts. It is your responsibility to obtain an authorization or a referral if this is required by your insurance company, prior to the visit.

3. All co-payments, private pays, and non-covered benefits **must** be paid prior to being seen for your appointment.

4. There is a \$35.00 processing fee for non-sufficient funds in addition to the amount of the check. This must be paid within 10 days via cash, money order, or certified funds. We will not accept checks as a form of payment going forward. Further action will be taken if you fail to respond within the specified time.

5. Adult or teenage children who present themselves for treatment, but whose parents are assuming financial responsibility, must arrive with the correct insurance information and must be prepared to pay for non-covered services and co-payments.

6. Our office adheres to a strict late cancellation/no show policy. A \$60.00 fee will be incurred if you fail to keep your appointments within 24 hours. This charge is not covered by your insurance plan. It is your personal responsibility.

7. Fees for reports, letters, forms, and phone calls to 3rd parties regarding exchange of information, etc. will be assessed based upon the time required for completion.

8. It is the policy of this practice that patients receive their prescriptions at the time of their appointment. Medications are not automatically filled between appointments. Should it become necessary to refill a medication between visits, a \$15.00 fee must be paid in advance.

Signature (Patient or, if minor, parent or legal guardian)