

John B. Milnes, M.S.W.

## 2017-18 Policy on Insurance and Billing Practices

This financial policy has been established to avoid any misunderstanding or disagreement concerning payment for professional services.

- **Co-pay and/or deductible are due at the time of service.** Payment may be made with cash, check or accepted credit card (Visa or Mastercard only)
- A service charge of \$25.00 will be assessed for all checks returned by your bank. If a check is returned insufficient, only cash or credit card will be accepted from that time forward.
- Unpaid balances after 90 will be considered in default. This could result in your account being turned over to collection agency.
- Provide **current** and correct insurance information. You will be financially responsible for any services received wherein this office has been provided with incorrect or outdated insurance information.
- **Our providers are NOT participating providers for any OHP insurances.**
- Your insurance may or may not cover the cost of your office visits. Non-covered and out-of-network services are the responsibility of the insured.
- If your therapist is out-of-network with your insurance company, as a courtesy this office will file a claim on your behalf. However, payment of charged amount is your responsibility.
- The billing department will process secondary insurance claims. However, if the balance on the secondary exceeds 60 days after the primary insurance has paid, you will be responsible for the balance on the secondary at that time.
- It is **your responsibility** to check with your insurance company prior to the visit to verify coverage and benefits.
- It is **your responsibility** to ensure that any required pre-authorization is completed and made available to your therapist prior to your initial session.
- If the billing department is working on a disputed claim on your behalf, you will be financially responsible until such dispute is settled. It sometimes can take a lengthy period of time to resolve some disputes.
- **No show and late cancellations will be charged a minimum of \$50.00. It is your responsibility to call 24 hours in advance to cancel your appointment. Monday appointments must be cancelled by 12:00 noon the Friday prior.** Considerations may be made for illness or unforeseen urgent situations. This will be at the discretion of the therapist.
- **Our providers do not bill motor vehicle insurance or worker comp claims**

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Patient/Responsible Party Signature

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Date

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Print Name