
FINANCIAL POLICY AND AGREEMENT TO PAY FOR SERVICES

Reed Psychological Services, PLLC is committed to providing caring and professional mental health care to all of our clients. As part of the delivery of mental health services, we have established a financial policy that provides payment policies and options to all consumers. The financial policy of the clinic is designed to clarify the payment policies as determined by the management of the clinic. Payment for services is considered part of your treatment and we want to ensure that you understand your financial rights and responsibilities related to your care at RPS. Understanding and completing this form will allow you to get the most out of your care and help us to best serve you.

Payment Responsibility: Payment for service is expected at the time of your appointment. We offer in-network and out-of-network insurance services. We also accept private pay and sliding scale options, when financial hardship is indicated. All co-pay and past due balances are due at the time of check-in unless previous arrangements have been made with the clinic. If you are unsure if you have a copay or deductible, please call the customer service number on the back of your insurance card to verify your coverage and benefits. We accept payment by cash, credit cards, or checks made out to Reed Psychological Services, PLLC. You are responsible for updating RPS on changes to your insurance and payment methods. For your convenience, we will keep a credit card on file and charge your balance monthly.

Telehealth: For telehealth sessions, RPS will charge the credit or debit card on file at the time of each appointment, unless an alternative payment plan is arranged.

Insurance: It is important to understand that our financial relationship is with you and not your insurance company. Your medical insurance policy is a contract between you and your insurance carrier and RPS is not a party to that contract. As a result, your coverage and responsibilities are determined by your policy and you are responsible for understanding and following their required procedures. On your behalf, we will submit all claims for our services with your primary and secondary insurance providers. It is your responsibility to provide us with sufficient, accurate, and up-to-date insurance information. If there is a discrepancy with the information you provide us, you will be considered self-pay (full fee or sliding scale fee) until this information is supplied. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. It is your responsibility to know if you have a copay or deductible. If you are unsure of your coverage and benefits, please call the customer service number on the back of your insurance card. We are in-network with several insurance providers. Out-of-network insurance means that you're responsible for paying for your sessions in full at the time of service and then we send you home with a "superbill" or receipt to be sent into your insurance company.

Cancellation and Late Fees: We require 24-hour advanced notice if you are unable to make your appointment. If an appointment is not cancelled at least 24-hours in advance, you will be charged a fee for missed sessions (fees vary per provider). It is important to note that insurance companies do not provide reimbursement for cancelled sessions and you must pay for the time reserved for your session. New sessions may not be scheduled without payment. A pattern of late cancellations or no shows may result in an attendance contract. Failure to adhere to attendance contracts will result in discharge from services at RPS.

Statements and Alternative Payment Options: We will send you a monthly itemized billing statement listing each office visit showing the balance owed. Statement balances are due upon receipt. If you are unable to pay your statement balance in full, it may be possible to establish a payment plan. Clients who have large bills due and are unable to make full payment of their bill should contact the clinic as soon as possible to make payment arrangements. Payment plans may reduce your monthly bill. The term and payment amount is determined by the amount owed. When financial hardship is indicated, a financial questionnaire with supporting documentation must be completed and approved for reduced monthly payments.

Collection Procedures: It is never our intention to cause hardship to our clients, only to provide you with the best care possible and the least amount of stress. It is our policy to help work out payment terms according to our client's financial needs. If you do not discuss payment options or make an honest attempt to pay your bill in a timely fashion, accounts will be turned over to a collection agency. All past due accounts will be sent three statements, 30, 60, and 90 days overdue. If no resolution is reached after 120 days from the date of service, the account will be sent to a collection agency or attorney, and you may be discharged from the practice.

AUTHORIZATION TO USE CREDIT CARD: We accept payment by cash, credit cards, or checks made out to Reed Psychological Services, PLLC. All co-pay, co-insurance, sliding fee scale, payment plan, and deductible amounts are due on the date of service. **If client payments are not made on the date of service, or if arrangements for an alternate payment plan have not been made, the credit or debit card on file in our office will be charged for the full account balance on the fifteenth of each month.**

Who is responsible for payment? Please complete if responsible party is different than Client:

Name _____ Relationship to Patient _____

Phone _____ Address _____ City _____ State _____ Zip _____

Card Type (Visa, MasterCard, other) _____

Card# _____ Expiration Date _____

V-Code (3-digit code) _____ Billing Address: () Check if same as Client

Address _____

City _____ State _____ Zip _____

Please initial next to your preferred payment method:

_____ I prefer RPS to charge the credit or debit card for the full account balance on the fifteenth of each month.

_____ I prefer to make payments on the date of each service. If payments are not made on the date of service, my credit or debit card on file will be charged for the full account balance on the fifteenth of each month.

_____ I am on an alternative payment plan with RPS. If you are experiencing a financial hardship and need an alternative payment schedule, please talk to the front desk or speak to your provider about options.

I acknowledge that I have reviewed and agree to Reed Psychological Services, PLLC financial policy. I accept responsibility for the payment of any fees associated with my care. I understand that payments are due on the date of service. I agree that Reed Psychological Services, PLLC may bill the credit card on file for any payments which are my responsibility, that have not been paid on the date of service. I hereby consent for Reed Psychological Services, PLLC to utilize my credit card information for any outstanding balance. I also understand and agree that such terms may be amended by the practice from time to time. This will remain in effect for all services rendered during your time as a client of Reed Psychological Services, PLLC. Questions regarding the financial policies can be directed to our front desk staff.

Person Responsible for Payment of Account _____

Signature _____

Date _____