



Psychological Services of Charlotte, Inc.

1923 J.N. Pease Place, Suite 204, Charlotte, NC 28262

Office (704) 503-3535

Fax (704) 593-5555

Financial Policy/Agreement

- Information we receive from your insurance company is strictly an estimate of benefit and not a guarantee of payment. Your co-pay, deductible, and/or cost share amounts, as well as any non-covered services from your visit, are due at the time of service. I understand that I am ultimately financially responsible for all charges and fees related to the treatment rendered to me at Psychological Services of Charlotte.
- I understand that the filing of any medical insurance claims is a courtesy Psychological Services of Charlotte extends for convenience, and I am ultimately responsible for the charges and authorizations with my insurance company.
- I authorize payment of medical benefits to Psychological Services of Charlotte for services rendered.
- If I feel that my claim has been inaccurately denied for something other than error on Psychological Services of Charlotte's behalf, it is my responsibility to dispute this directly with my insurance provider. I will be responsible for any remaining balance on my account at that time. If the claim is later resolved by my insurance provider, Psychological Services of Charlotte will refund any amount due.
- I am responsible for obtaining a referral/authorization if my insurance provider requires a referral/authorization in order to be seen in the office. Referrals/authorizations not obtained within 5 business days prior to the visit will require the full amount of the visit to be paid in full at that time.
- Psychological Services of Charlotte requests that in the event you are not able to make an appointment for whatever reason, that you **cancel the appointment with 24 hours prior to that appointment** to maximize appointment times for all other clients. Please be aware that failure to do so will result in a \$75 fee that is not reimbursable by any insurance company and therefore is your direct responsibility.
- If new insurance is presented at the time of the appointment and takes longer than 15 minutes to verify, I will be given the option of paying for services in full or rescheduling the appointment. If insurance benefits are verified once I have been seen and payment has been made, Psychological Services of Charlotte will file the claim and reimburse the remaining difference.
- I understand that not all insurance companies coordinate benefits with one another. It is my responsibility to let staff know when checking in for my appointment in order for benefits to be applied to that visit.
- If payment from my insurance provider has not been received within 60 days from the initial filing date of claim, it is my responsibility to pay my account balance in full.
- I authorize the release of any medical information necessary to process claims for services rendered.
- It is our office's policy to send accounts over 120 days to the collection agency of our choice.
- I understand that if my account is assigned to an attorney for collection and/or suit, Psychological Services of Charlotte shall be entitled to reasonable attorney's fees and costs for collection, and that information regarding my account may be released.

****I have read, understand, and agree to all of the above information****

Client/Legal Guardian Signature: _____ **Date:** _____

Method of Payment

Psychological Services of Charlotte will **ONLY** accept cash, Visa, American Express, Discover, MasterCard, Personal Checks, or Money Orders.