

Chambers & Blohm Psychological Services, PC

OFFICE PROCEDURES AND BILLING POLICIES

Chambers & Blohm will submit claims to the client's insurance provider. In order to do so, a copy of the client's insurance card will be made. It is the client's responsibility to notify the office of any change in address, phone number, or insurance carrier. If a client does not have insurance, payment is required prior to receiving services.

If a client has a co-payment, the co-pay is due the day services are rendered.

Our office will bill the client the balance after the insurance payment is received. Payments are expected 15 – 30 days after the statement has been mailed. Sessions will be suspended and no additional appointments will be scheduled until account balance is paid in full, or other arrangements have been made.

PLEASE NOTE: COLLECTION PROCEDURES: Clients will be sent monthly statements. They will be notified if the balance is past due. After 60 days with no payments or effort to arrange payment, services will be terminated. Overdue accounts will be turned over to a collection agency. If an account is turned over to collections and the client requests to return for services, exceptions may be made; however, the commission fees paid to the collection agency will be billed back to the client's account.

NO SHOW POLICY: Clients are expected to cancel or reschedule all appointments 24 hours in advance. Clients will be responsible for a \$50 fee if they do not notify the office of a cancellation or re-scheduled session **AT LEAST 24 HOURS IN ADVANCE**. This is because a time commitment is made and held exclusively for them. Cancellations and re-scheduled sessions will be assessed on a case-by-case basis. If the client is late for a session, they will lose that session time. Clients who arrive 15 or more minutes late will be required to reschedule their appointment. Services will be terminated if a client fails or late cancels three consecutive appointments.

MINOR CHILDREN: The office and employees of Chambers & Blohm **are not** responsible for minor children left in the waiting room area unattended.

VALUABLES: The client is responsible for the retention of personal articles. Chambers & Blohm will not assume responsibility for the loss or any damage of client's personal articles (e.g. money, jewelry, eyeglasses, dentures, hearing aids, cell phones or other electronic devices, or clothing, etc.).

****** Please see back of page for additional information and required signature.***

LEGAL INVOLVEMENT: The minimum fee for a trial, hearing, deposition or similar proceeding is \$1,100, based on an anticipated four hour minimum for preparation and time for testimony. The clinician is usually required to take at least a half day off work and is unable to see clients while preparing or waiting to testify. This amount must be paid at least one week prior to the clinician's scheduled testimony.

TERMINATION OF SERVICES

- (a) Providers may terminate services when it becomes reasonably clear that the client no longer needs or is benefiting from treatment.
- (b) Provider will terminate therapy when threatened or otherwise endangered by the client or other person with whom the client has a relationship.
- (c) Services will be terminated for failure to comply with billing policies.
- (d) Services will be terminated if the client's outstanding balance has been turned over to collections.
- (e) Services will be terminated if a client has filed bankruptcy and there is an outstanding account balance.

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
AND ASSIGNMENT OF BENEFITS**

Chambers & Blohm Psychological Services, PC., is authorized to release confidential mental health, behavioral health, chemical dependency, and protected health information to third party payers, insurers, Social Security Administrators, and Medicare.

The client or other legally obligated individual is financially responsible for services rendered.

I assign and authorize any third party payer/insurer to make direct payment to Chambers & Blohm Psychological Services, P.C. I authorize the refund of overpaid insurance benefits to the insurance company.

I acknowledge that I have read the front and back of the office procedures and billing policies of Chambers & Blohm Psychological Services, P.C. and have agreed to their terms.

Client Signature (or Guardian)

Print Name

Date