



### **BILLING POLICY**

- Payment is requested at the time of service, unless other arrangements are made in advance.
- Payment may be made by cash, check or credit card.
- We ask that you provide a credit card number on file in the event that a balance is outstanding for greater than 60 days.
- The fees for initial evaluation and subsequent sessions are as discussed with your clinician.
- A statement will be provided monthly, for insurance submission or your personal records.
- If your check is returned NSF (non-sufficient funds), a \$25 charge will be added to the outstanding balance.

### **INSURANCE**

- Payment for services rendered is your responsibility.
- It is your responsibility to contact your insurance carrier to discuss your plan's mental health benefits, including any deductibles, copayments, annual and lifetime limits, and if **pre-authorization is required**.
- If you choose, you may submit your statement to your insurance company for consideration for reimbursement.

**Note: If you are covered by Blue Cross/Blue Shield, Aetna (Northwestern Students) or Medicare insurance AND your clinician accepts Blue Cross/Blue Shield, Aetna or Medicare insurance:**

- We will bill your insurance carrier for you.
- Your copay is due at the time of service.
- You are responsible for all charges not paid by your insurance, including deductibles, copayments, uncovered charges, charges for missed appointments, etc.

### **CANCELLATION POLICY**

At least 24 hours notice of cancellation is required to avoid being charged the usual fee. These charges can not be billed to insurance.

### **SIGNATURE**

I have read the above information and agree with these conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_