

FINANCIAL POLICY

Thank you for choosing Cornerstone Therapy and Wellness as your behavioral health provider. We are committed to providing you with quality care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided on the New Client Information Form. A copy will be provided to you upon request.

1. **Insurance.** We participate in some insurance plans. If you are not insured by a plan in which we participate, payment in full is expected at each visit. If you are insured by a plan we do business with, but do not have an up-to-date insurance card, payment in full is expected at each visit until we can verify your coverage. **Knowing your insurance benefits is your responsibility.** Please contact your insurance company with any questions you may have regarding your coverage. If your insurance company does not pay your claim, the balance will be your responsibility. **As the policy holder you understand that you are 100% responsible for all charges, copays, and past due balances on your dependents accounts.**

2. **Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. We will give you our best estimate of what the co-pay should be for each visit. (If your insurance company provides us with the wrong information, the balance of your account is still your responsibility.) For many policies, the copay may change during your course of treatment and insurance plans change without notifying providers. The only way we can confirm exactly what a co-pay should have been is by reading the materials that come to us from the insurance company after the session is billed and paid. You may receive a copy of this Explanation of Benefits (EOB) from your insurance company. If your co-pay was higher than collected, you are responsible for paying the difference. If it should have been lower, we will give you a refund or credit.

3. **Non-covered services.** Please be aware that some- and perhaps all- of the services you receive may be non-covered or not considered reasonable or necessary by insurers. You must pay for these services at the time of service or within **14** days of the billing statement.

4. **Proof of insurance.** All patients must complete our patient information form before seeing a therapist. We must obtain a current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

5. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

6. **Coverage changes.** If your insurance changes, please notify us before your next visit so that we can make the appropriate changes to help you receive your maximum benefits. If you fail to notify us of insurance changes in a timely fashion, you may be responsible for your entire bill.

7. **Non-payment and Collections.** If your account is over **30** days past due, you will receive a letter stating that you have **14** days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid for 60 days, our policy is to refer your account to a National Collection Agency authorized to credit report all outstanding debts to the four major National Credit Agencies, litigate in a court of law (other legal fees may apply), charge a service fee of \$75.00, and charge additional collection fees.

8. **Additional Cost of Collection Services.** Invoices shall be deemed to be accepted by you unless Cornerstone Therapy and Wellness is notified in writing within 14 days of the invoice being issued that you dispute the amount of the invoice. In the event of non-payment, Cornerstone Therapy and Wellness may in addition to the invoice amount charge: (i) Interest on any outstanding amounts from the due date calculated at the statutory penalty rate of 6%. (ii) Legal and debt collection fees incurred by Cornerstone Therapy and Wellness in relation to recovery of outstanding amounts. If any part of your account with Cornerstone Therapy and Wellness falls into arrears then the totality of that account whether or not in arrears shall become immediately due and payable.