
Financial Obligation Policy

Client Obligations

Any amount not paid by your primary insurance company is your responsibility, including deductibles, copayments, and denied claims. It is your responsibility to understand which services are covered by your policy and which are not. You are also accountable to ensure that you do not exceed the yearly maximum number of visits allowed.

Insurance

Our clinicians accept most insurances. If you have questions regarding coverage, please contact administrative staff directly at 724-609-5002 and someone will assist you.

Secondary Insurance

This office will bill secondary insurance if we are in-network and given insurance information needed to do so. If any information is given to us after previous office visits have occurred, it may be too late to back bill even if insurance was effective.

Co-Pays

Any applicable co-payment must be paid at the time of your appointment or you may not be seen for your appointment. You may be charged a \$5.00 service fee for any co-pay that is not paid at the time of service. Your co-pay is determined by your insurance.

Forms of Payment

We accept cash, personal check, and all major credit card forms of payment.

No Shows/Cancellations

A 24-hour advanced notice is required for the cancellation of any appointments. ***Patient is to call the office at 724-609-5002 regarding any cancellation of appointment.*** Any cancellation of a **PSYCHOTHERAPY** appointment with less than 24 hours' notice will be charged a fee of \$40. Any cancellation of an **INITIAL PSYCHIATRY** appointment with less than 24 hours' notice will be charged a fee of \$150. Any cancellation of a **PSYCHIATRY MED CHECK** appointment with less than 24 hours' notice will be charged a fee of \$85. The same cancellation fees apply to any patient who fails to show for a scheduled appointment. No show patients may additionally be charged a fee up to the amount of payment per session covered by your insurance.

Credit Card on File

We require a valid credit card to be held on file to be charged only if the patient cancels an appointment with less than 24 hours' notice or no shows for a scheduled appointment. You may provide this information directly to office staff and/or your clinician to be inputted into the secure Vault system. Additionally, this card information may be stored to pay future financial obligations such as co-pay fees.

Self-Pay

Clients have the option for self-pay. These arrangements are made on an individual basis. If this is a preference, please contact the administrative staff to set up an appropriate self-payment plan prior your first appointment.

Other Services

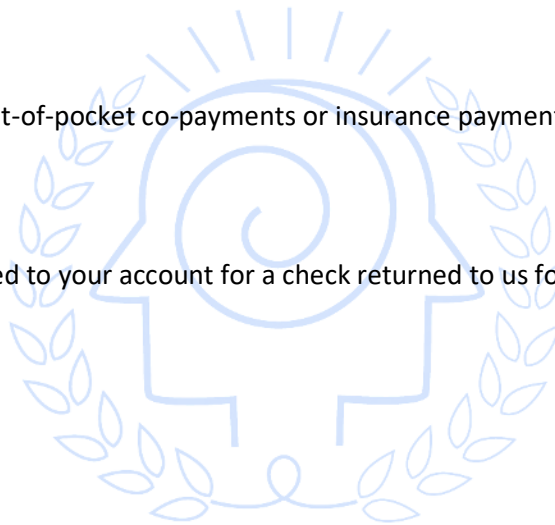
Any additional services such as letters, reports, phone contacts, depositions, court appearances, etc. are not covered by your insurance and maybe billed at an hourly rate if you request said services. Court testimony will be at a charge of \$150.00 per hour for a clinician and \$300.00 per hour for a psychiatrist (travel time included) payable in advance. Any formal letter, report or written deposition will be at a charge of \$ 150.00 from a clinician and \$300.00 from a psychiatrist (scalable for time less than 1 hour) payable in advance.

Refunds

There will be no refund for out-of-pocket co-payments or insurance payments received for services rendered.

Returned Checks

A fee of \$ 50.00 will be charged to your account for a check returned to us for Non-sufficient funds or any other reason.



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