

Metropolitan Counseling Associates, LLC
Payment Policy
Effective April 1, 2015

PLEASE REVIEW THIS NOTICE CAREFULLY.

We understand that treatment is a significant investment of time, money and energy and we are committed to providing the highest quality services as cost effectively as possible. We make every effort to educate our clients and families about the financial aspects of treatment. This document will review our updated payment policy that will be effective April 1, 2015. It also includes important information about health insurance plans that we hope will help you maximize your benefits.

Please read this full policy carefully, and initial accordingly. Your signature on the third page of this document acknowledges your understanding of the policy and your agreement.

Payment Policy

Metropolitan Counseling Associates LLC (MCA) expects that all payment for services rendered be made at the time of service. Payment may be made by cash, check or credit card (Visa, MasterCard and American Express). If a cash or check payment is not made at the time of service, your signature on this document serves to authorize MCA to charge your credit card for services rendered.

_____ (please initial)

Credit Card Policy

In our efforts to avoid financially related disruptions to treatment and to address the reality that many services are provided to children and adolescents who are not financially responsible for their treatment; **we require that all clients and families keep a working credit card on file with our office.** The credit card information is kept securely in accordance with HIPAA policies and will only be used in accordance with written authorization on this form.

If a credit card on file ceases to work and disrupts agreed upon payment, we will contact you within 48 hours. We require a new working credit card within 5 business days. After 5 business days, all treatment will be discontinued until a new working credit card is on file.

Please note that we process credit cards on a weekly basis. Therefore charges posted may not be consistent with the date of service and will be routinely posted within one week of services rendered.

_____ (please initial)

Invoices

Invoices are mailed monthly and document all services and payments that occur in the previous month. Clients may also request a billing invoice from their provider at the time of service. This document can be used to initiate reimbursement from third party payers and will also document the payment of cash or check. Credit card payments are reflected on the monthly invoice.

_____ (please initial)

Delinquent Accounts

Unfortunately there are times where despite best efforts; accounts become past due and “delinquent.” This document serves as written notice and signed consent (alongside our HIPAA policy statement) that we are authorized to use your personal information to secure payment through either collections or court proceedings.

_____ (please initial)

Healthcare Information:

Our decision to practice independent of third party health plans “out of network” is a reflection of our need to protect the integrity of our practice and clinical decision-making. We understand that this can create additional financial challenges for families.

In the effort to help you secure the most reimbursement and financial support possible we would like to give you the following information:

Pre-Authorization

Many health plans require pre-authorization for mental health or behavioral health services. A contractual group working with your primary health plan often manages these benefits. We strongly recommend that all clients contact their health insurance at the time of seeking treatment to clarify the specific requirements to access out of network benefits. MCA is not responsible for acquiring pre-authorization for treatment, however we will gladly complete any necessary paperwork we are provided to facilitate this process. Please ask your health plan to guide you and give you information regarding the specific paperwork and where it is required to be sent and give this information to your direct provider.

Most health plans authorize services based on specific diagnostic criteria (ICD 9 or ICD 10) and procedural codes (CPT). Diagnosis cannot be given prior to beginning treatment but can be provided after 1-2 initial meetings. Pre authorizations that require this information are routinely applied 30 days retroactively in accordance with this reality.

It may be helpful to know the following psychotherapy procedural codes when you are investigating your health benefits.

Initial Evaluation 90791

Individual Counseling 90832, 90834, 90837

Family Counseling 90846, 90847

Group Counseling (including Art therapy and DBT) 90853

Multi-Family Group (DBT) 90849

***Both the Ascend Intensive Outpatient Program and the DBT Program have other financial factors we encourage you to speak with your provider about directly.

Reimbursement

MCA does not participate in network with any health insurance or third party payment plans. All of our billing and monthly invoices provide the information required by most third parties to secure out of network benefits.

_____ (please initial)

Any questions regarding billing and paperwork should be directed to our Billing office

301 654 7770 ext. 715 billing@metcounseling.com

I _____ have read and understand the payment policy at Metropolitan Counseling Associates and agree to its terms.

Patient Signature

Date

Guardian/ Parent
(If patient is under 18 years old)

Date

This document will be kept on file and a copy can be made for you at your request.