Metropolitan Counseling Associates, LLC
Payment Policy
Effective September 17, 2018

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 September 17, 2018. 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)

CreditCard 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 HIPPAA 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 HIPPAA 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 clinical and financial practice.

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

Out of Network Providers:

An out of network, or non-participating provider is defined as a provider who is not contractually obligated to follow guidelines established by commercial insurance companies to

Verify patient benefits

- Pre-authorize services
- Submit claims
- Accept assignment of benefits
- Accept negotiated rates
- Submit supportive documentation for payment ***

***Commercial/ private health insurance companies cannot obtain psychotherapy notes without a patient's authorization. Furthermore, insurance companies are not permitted to condition reimbursement for services on receipt of such records. Although MCA does not release patient records directly to insurance companies, we will support efforts to receive reimbursement by releasing patient records to a patient or responsible party with authorization.

_____ (please initial)

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,

Most health plans authorize services based on specific diagnostic criteria (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

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

_____ _____

Patient Signature Date

_____ _____

Guardian/ Parent Date

(If patient is under 18 years old)

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