

**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 payments 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 with some insurance plans and will submit claims to them on your behalf. We do not participate or submit claims to any Medical Assistance Plans (MA), Medicare Plans, secondary or out of network insurance plans on your behalf. Payment for these plans will be due at the time of service. We will gladly provide you with a receipt for your services so you can submit to these plans directly for reimbursement. If you are insured by a plan we do business with, but do not have an up-to-date insurance card, payment is expected in full 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 co-pay 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. Credit Card on File.** We require a Credit Card to be placed on file that is stored in a (PCI DSS) secure credit card system. We require that you authorize Cornerstone Therapy and Wellness to charge, at any time, any co pay, high deductible, outstanding balance, surcharge and/or cancellation fee charged to my account using the provided credit card number/debit card/HSA or any replacement credit card that I supply during my treatment period. Any balance on your account ultimately becomes the patient's responsibility as well as the primary insurance policy holders. As it states on our New Patient Forms and a sign in our lobby our practice charges the patient and/or guardian a 3% surcharge on all credit card/debit card transactions using the Visa/MasterCard and Discover networks and you willingly agree to this surcharge.

**4. Non-covered services.** Please be aware that some and perhaps all of the services you receive may not be 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.

**5. 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.

**6. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. (We do not submit to any Medical Assistance Plans (MA), Medicare Plans, secondary or out of network insurance plans). 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 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.

**7. 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.

**8. Non-payment and Collections.** If your account is over **30** days past due, you will receive a call or email 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 **45** 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. The identified patient/policy holder and guarantor also agree to reimburse us for all collection agency fees, attorney fees that we occur in such collection efforts, which will be added at the time the account is sent to collection.

**9. 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 in arrears shall become immediately due and payable.

**10.** By signing the "Acknowledgement of Receipt" on page 3 of the "New Patient Forms" the identified patient, guardian and/or policy holder understands and agrees to our terms and conditions of Cornerstone Counseling and Wellness, LLC "Financial Policy" and personally guarantee the payment of all balances on their account to Cornerstone Counseling and Wellness, LLC and hereby agree to bind themselves to pay on demand any sum which may come due. This guaranty shall be a continuing and irrevocable guaranty and action may be taken against me for any non-payment without notice thereof.