

Cornerstone Counseling and Wellness, LLC.

d/b/a Cornerstone Therapy and Wellness

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Financial Policy

Thank you for choosing Cornerstone Therapy and Wellness as your behavioral health provider. We are committed to providing you with quality care. Please read this policy carefully, 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.

Your Rights Under the No Surprises Act (Effective January 1, 2022)

Federal law requires us to provide uninsured, self-pay, and out-of-network patients with a Good Faith Estimate (GFE) of expected costs before services are provided. Your GFE will include the expected cost of services for up to 12 months. If your actual bill is \$400 or more above your GFE, you have the right to dispute the bill through the federal Patient-Provider Dispute Resolution process. A GFE is not a contract and does not require you to obtain services from Cornerstone Therapy and Wellness. To request a Good Faith Estimate, contact us at (610) 616-5935 or info@cornerstonetherapy.com. For more information, visit www.cms.gov/nosurprises.

Financial Policy

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 Explanation of Benefits (EOB) from the insurance company after the session is billed and paid. 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 stored in a PCI DSS-compliant secure credit card system.
- You authorize Cornerstone Counseling and Wellness, LLC to charge any co-pay, high deductible, outstanding balance, or cancellation fee to your account using the provided credit card, debit card, HSA card, or any replacement card supplied during your treatment period.
- Any balance on your account ultimately becomes the patient's responsibility as well as the primary insurance policy holder's.
- SURCHARGE DISCLOSURE: Our practice charges a 3% surcharge on all credit card and debit card transactions processed through the Visa, Mastercard, and Discover networks. This surcharge is also posted in our lobby. By providing your card, you willingly agree to this surcharge. Note: Surcharges do not apply to payments made by cash, check, or HSA/FSA debit card where permitted.

4 Non-Covered Services

Please be aware that some or all of the services you receive may not be covered or may not be considered reasonable or necessary by your insurer. 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 provider. We must obtain a current valid insurance card as 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 requests. The balance of your claim is your responsibility whether or not your insurance company pays. 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 manner, you may be responsible for your entire bill.

8 Telehealth Services

- Cornerstone Therapy and Wellness provides online therapy services throughout Pennsylvania via HIPAA-compliant telehealth platforms.
- Telehealth sessions are billed at the same rate as in-person sessions. Insurance coverage for telehealth varies by plan — please verify your telehealth benefits with your insurance company prior to your appointment.
- You are responsible for any co-pays, deductibles, or balances not covered by your insurance for telehealth services, which are due at the time of service.
- Technical difficulties on the patient's end that prevent a scheduled telehealth session from occurring may be subject to the standard cancellation/no-show fee if less than 24 hours notice is provided.

9 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. 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 and attorney fees incurred in such collection efforts, which will be added at the time the account is sent to collection.

10 Additional Cost of Collection Services

Invoices shall be deemed accepted unless Cornerstone Counseling and Wellness, LLC is notified in writing within 14 days of the invoice being issued that you dispute the amount. In the event of non-payment, Cornerstone Counseling and Wellness, LLC may charge: (i) Interest on outstanding amounts from the due date at the statutory penalty rate of 6%. (ii) Legal and debt collection fees incurred in recovery of outstanding amounts. If any part of your account falls into arrears, the totality of that account shall become immediately due and payable.

11 Acknowledgement and Agreement

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 the terms and conditions of Cornerstone Counseling and Wellness, LLC's Financial Policy and personally guarantees the payment of all balances on their account. This guaranty shall be a continuing and irrevocable guaranty and action may be taken against the responsible party for any non-payment without notice thereof.