

JOY PICCOLINO, PSY.D.  
*Licensed Psychologist*

BILLING AND COLLECTION POLICIES

Therapists and clients are sometimes uncomfortable discussing fees, billings, and related issues. Nevertheless, you have the right to know exactly what my services cost and what my billing policies are. At the same time, I have the right to prompt payment in full for the services I perform.

When you see me for therapy or evaluation, you accept full financial responsibility for all services you receive. If you have insurance, I will assist you in obtaining reimbursement, but the ultimate responsibility is yours. **The expectation is that you will make your payment, co-payment, coinsurance or deductible at the time of each session.** I accept cash, checks, Visa & MasterCard.

**FEES**

My standard fees are as follows:

- ◆ Initial Diagnostic Session (50-60 minutes) - \$235
- ◆ 60-minute Individual Therapy Session - \$195
- ◆ 45-minute Individual Therapy Session - \$155
- ◆ 30-minute Individual Therapy Session - \$97.50
- ◆ Psychological Testing - \$200/hour
- ◆ Court Testimony, portal to portal, per hour, 2 hour minimum - \$390
- ◆ All other services are billed at the rate for individual sessions, broken into 15-minute increments as appropriate. If you have questions about fees for other services, please ask.

Occasionally, I may increase my fees. If you are in therapy when an increase is to occur, you will be notified in advance. At that time, your fee will be adjusted to the new fee, unless we agree to other arrangements.

**HEALTH INSURANCE AND MANAGED CARE**

Please present your current insurance card at your first visit and any time you receive a new card. Most group health insurance plans cover *part* of my fee. Insurance claims require a diagnosis, which I will discuss with you if you ask. There may be two kinds of noninsured costs to you: (1) a deductible, which is an amount you must pay before your insurance coverage begins to pay; and (2) many plans also have a co-payment, which is a portion of the fee for each visit that you must pay yourself. I have contracted with some insurance companies to accept less than my standard fee as payment in full. If this is the case, your account balance will be adjusted when I receive payment from the insurance company. However, if the insurance pays less than 100% of the contracted fee, you will owe the balance of the fee up to 100% of the contracted fee. This is referred to as coinsurance. Many insurance companies will pay 70-80% of the contracted fee, leaving you with a 30-20% coinsurance. I am obligated to collect copays, coinsurance, and deductibles as directed by your insurance carrier.

Since I am unable to keep track of every insurance plan and reimbursement options, you are responsible to know your level of coverage for the services provided by me. If you have questions regarding your plan coverage, co-pay, or deductible, please contact your insurance company directly, referencing Joy Piccolino, Psy.D., LP as your provider. Your policy is a contract between you, your employer, and your insurance company. I am not a party to that contract. The filing of insurance claims is a courtesy I extend my clients. I do not assume responsibility for determining whether your insurance will cover services rendered.

Sometimes managed care companies will authorize more sessions than your insurance benefits will pay for. If you see me for visits *that are authorized* but not paid for by your insurance benefits, by signing this form you agree to pay my fee, as listed above, for each authorized visit that is not covered by your insurance benefits. **If your insurance company requires you to get authorization from them before seeing a therapist and you do not do so, you are responsible for payment in full of the fees listed above.** Additionally, your insurance company may not regard your therapy to be medically necessary and may refuse payment of my bill on this basis. If this occurs, you agree, by signing the Acknowledgment Form, to pay for services provided until we become aware that insurance is not paying. At that point, we will discuss whether you want to continue services with me and pay privately.

### **CANCELLED/MISSED APPOINTMENTS**

A scheduled appointment means that time is reserved only for you. **If an appointment is missed or cancelled with less than 24-hours notice, you will be billed directly according to the scheduled fee or according to the rules of your insurance plan.** Your insurance plan does not cover payment for missed appointments; therefore, you are responsible for payment in full. Repeated cancellations and missed appointments may result in termination of the therapeutic relationship. A letter reflecting termination will be mailed to you should this occur.

### **TELEPHONE CALLS & OTHER SERVICES**

Please try to make any telephone calls to me during my office hours, Monday through Thursday. A charge for phone calls of longer than 15 minutes will incur the regular hourly therapy fee billed in 15-minute increments, with the exception of calls related to scheduling or other business-related items. Phone calls made to collateral contacts will not be charged for initial contacts or for case planning unless these phone calls become extensive. *Phone consultations are generally not covered by insurance and will be billed directly to you.* Other professional services such as report writing, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries and time spent performing any other services you may request of me will be billed to you at the hourly therapy fee.

### **PAYMENT POLICY**

All accounts are payable in full within 30 days after billing. Overdue accounts may be charged interest at the rate of 1.5% per month.

If you do not abide by the payment agreements, I reserve the right to refuse further service.

### **COLLECTIONS PROCEDURES**

I reserve the right to collect any unpaid balance due for services provided. If a client is not making regular monthly payments on the account balance, I may use a collection agency or take legal action to secure payment, as authorized by state or federal law, and the collections action will become a part of your credit record. Clients will be notified in writing before I take action to collect. If your account is sent to collections, the costs will be added to your account.

### **LIMIT ON UNPAID BALANCE**

I may terminate treatment and refer a client elsewhere for continued care if the unpaid balance exceeds \$500.00.

### **RETURNED CHECKS**

Payments made by check that are not honored by the bank will incur a returned check fee equal to fees charged by my bank, not to exceed \$30 per check. Repeated returned checks will result in your account being designated as a "cash only" account for non-insurance related payments.