

JEFFREY TAXMAN, M.D. & MEQUON CLINICAL ASSOCIATES

FINANCIAL POLICY

In order to keep the cost of mental health services to an absolute minimum, Mequon Clinical Associates has adopted the following financial policy. This policy applies to all clients and specifies responsibility regarding payment for services rendered.

Fees by provider/service type:

Psychiatrist (M.D.)

\$310 Initial Psychiatric Evaluation (90 Min.)

\$200 Subsequent Psychotherapy visit (45-55 Min.)

Psychologist (PH.D)

\$190 Initial Diagnostic Evaluation (60 Min.)

\$175 Subsequent Therapy visit (45-55 Min.)

Masters Degree Therapist

\$175 Initial Diagnostic Evaluation (60 Min.)

\$150 Subsequent Therapy visit (45-55 Min.)

Group Therapy

\$85 per 90 minute session (Note: There may be an additional fee for group materials which is not billable to insurance.)

Miscellaneous Charges

There may be fees for other services, including telephone therapy sessions, consultations with schools or medical personnel, preparation of reports for legal cases, extensive copying of records and charts. Please consult your therapist with any questions regarding services and fees.

HEALTH INSURANCE

Health insurance is a contract between the client and insurance company, and is a vehicle to help pay for medical services. As a service to you, we will contact your insurance company prior to your first visit in an attempt to determine your benefits (if you provide us with the information before you come in). Please keep in mind that insurance companies DO NOT guarantee payment for services over the phone and you are ultimately responsible for any expenses incurred if your insurance does not pay what you anticipated they would. It is in your best interest to be aware of your outpatient mental health benefits before you come in for your first appointment. As a courtesy, we will submit claims to your insurance company if you provide us current insurance information. Depending on the insurance company, our fees may or may not be considered usual and customary. Each insurance company uses a different fee schedule.

Clinic policy requires that all anticipated co-pays and visit fees be collected at the time of service. These payments may be applied against applicable unmet deductibles. If your insurance pays more than anticipated, your account will be credited. We accept cash (exact amount appreciated), personal check, and credit cards (Visa, MasterCard, Discover). The clinic charges a \$30 fee to you for any returned checks received, which is payable before or at the time of your next scheduled visit. You are *ultimately* responsible for timely payment of services rendered. Any insurance balances outstanding after 60 days are due in full by the client. It is your responsibility to negotiate with the insurance company for any unpaid services. If possible, we will try to assist you with this.

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ASSIGNMENT OF BENEFITS

(Your signature is required for clinic to bill your insurance.)

Since my health insurance may cover the cost of service, I hereby authorize Mequon Clinical Associates to release to my insurance company and/or associated professionals any information from my medical records which may be necessary to determine benefits payable under my policy. This information may be transmitted electronically. I authorize payment directly to Mequon Clinical Associates for the benefits otherwise payable to me for the amount which covers but does not exceed services delivered. I guarantee payment of any and all charges incurred for services rendered which are not covered by this assignment or by insurance benefits.

Client / Financially Responsible Party: _____

Date: _____ **Please Print Name:** _____

PRIVATE PAY

If you will be paying for visits privately (not through an insurance company), clinic policy requires payment at time of service. Acceptable methods of payment are cash, check or credit card. Please be prepared to make payment at the time of your visit. If you have questions regarding clinic fees, please contact our office staff.

CANCELLED APPOINTMENTS

Clinic policy requires 24 hours notice for cancellation of any appointment. You can call our office staff to cancel or you can, after hours or on weekends, leave a message in the clinic voice mail system; our voice mail is time-stamped. If cancellation is not received on time, you may be charged a reserved time fee which will not be covered by insurance. Additionally, if you fail to show for a scheduled appointment, the same charge applies. Payment of these charges is due on or before your next visit.

FAILURE TO PAY

Our staff of mental health clinicians and support professionals provide confidential, compassionate and effective care to our clients. We adhere to the highest standards of ethical practice and serve your needs in good faith. In order to continue our services to you and other members of our community, we expect payment for services rendered in a prompt manner. If extenuating circumstances arise, please consult with our office staff regarding an acceptable payment arrangement. Failure to do so may impact scheduling further sessions until the financial situation is resolved.

If it becomes apparent that a client does not intend to satisfy his/her financial responsibility, a collection agency or attorney may be contacted to pursue collection of the account. If a fee is charged to MCA for collection agency services, it will be charged to the client's delinquent account.

I have read and understood the above financial policy.

Client / Financially Responsible Party: _____

Date: _____ **Please Print Name:** _____