

Financial Agreement

D. Alex Borton, MA, LMHC

Contracted Insurance: If I am contracted with your primary insurance company I will bill them directly as a courtesy. Any remaining balance for non-covered benefits, deductibles, co-insurance is your responsibility, and may be billed monthly. I sometimes use a billing service. If you have secondary insurance I will provide you with a receipt for you to submit to your secondary insurance company. A copy of your health insurance card is required. It is your responsibility to inform me of any changes to your insurance; providers are not notified directly by insurance companies of any changes to coverage.

Co-Pays: are due at time of service. I accept checks payable to Alex Borton and credit/debit cards.

Benefits/Coverage: It is your responsibility to understand your insurance benefits. Insurance coverage is not a guarantee of payment. The ultimate financial responsibility rests with you, the client, or parent/legal guardian seeking services in the case of a minor.

Referrals/Authorizations: Some insurance companies require pre-authorization for mental or behavioral health services, and some companies require you to contact them directly to request the initial authorization. If a required referral is not in place your appointment may be rescheduled, or you may be responsible for 100% of the payment.

Non-Contacted Insurance: I am not contracted with every insurance company. If I am not contracted with your insurance company then all charges are your responsibility. Payment is due at time of service, unless otherwise arranged. If requested, I will provide a receipt for you to submit to your insurance company for them to reimburse you directly. Some companies have out of network benefits and some do not.

Rates: I charge \$160 for an initial evaluation; \$130 for a 55 minute session, and \$80 for group therapy. Requests for reports and/or letters to other parties will be billed privately to the client/parent at the rates above as insurance companies do not generally cover these services. I hold a certain number of spaces for adjusted fee situations on a space available basis. The adjusted fee will be determined between the two of us at the intake session and may be re-negotiated in the future.

“No Shows” and Late Cancellations: If you need to cancel an appointment please do so at least 24 hours prior to the appointment time. *If you miss an appointment without notice you will be charged a \$100 no-show fee. If you cancel within 24 hours, you are subject to a \$50 late cancellation fee.* Please do cancel your appointment if you or your child is physically ill or if there are dangerous driving conditions. Fees are generally not charged for these or other emergency reasons.

Phone Calls: There is no charge for phone calls under 10 minutes. Calls over 10 minutes may be charged at the usual hourly rate.

Unpaid Bills: There may be a 1.5% interest fee per month added to balances that have received no payment for over 30 days. Bills that remain unpaid for over 90 days are subject to being sent to a collections agency.

Agreement

I acknowledge that I have read and understand the above information. I understand that I am ultimately responsible for payment of all charges related to services received. I authorize my insurance benefits to be paid directly to this office. I further authorize this office, its agents, or my insurance company to release information necessary for insurance claims to be processed.

Signature of financially responsible person

Date