



North Texas Neuropsychology and Behavioral Medicine Services

We are pleased to welcome you to our practice. Our desire is to provide you with the highest level of psychological and/or neuropsychological care. **It is our policy to make financial arrangements with you before any treatment starts.** Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

1. Payment for services is due at time services are rendered. We accept cash and checks, debit and credit card (Visa, MasterCard, and Discover).
2. As a courtesy, we will file your insurance for you and accept assignment of benefits. **Some insurance companies will not accept assignment of benefits to out of network providers.** In this case, you are responsible for payment in full at time of service. We will still file the insurance for you upon request and your insurance will send payment to you.
3. Our office will file your insurance a maximum of **two times** per appointment.
4. **If the claim is not paid by your insurance carrier within sixty days, you will be responsible for the full balance and further insurance appeals become your responsibility.** We will be happy to provide you with a claim form so that you can follow up on your insurance claims personally.
5. You must provide the office with your insurance information prior to you appointment so the information can be verified. **If at the time of the appointment you provide new insurance information, you will be responsible for payment of all fees. We will verify the insurance and file in for you in a timely manner and your insurance company will be responsible for reimbursement.**
6. If insurance benefits are assigned to the practitioner, you will be responsible for paying your deductible and co-payments at the time of service. **You are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule.**
7. **The office cannot carry balances longer than 90 days,** regardless of whether the insurance payment is still pending. A finance charge will be added to your account if it is not paid within 90 days, regardless of the balance amount.
8. We send monthly statements to notify you of any balance. If the account remains unpaid after 90 days this office will be required to employ a collection service to collect payment. The responsible party agrees to pay all reasonable and related collection fees.
9. There will be a \$45.00 service charge on all returned checks. If the returned check is not paid within 10 days, it will be sent to the Collin County District Attorney's office.
10. **The parent of guardian who brings the child for their initial visit is responsible for payment independent of what a divorce decree may state. Reimbursement must be made between the divorced parents. We will not intervene.**

Authorization

11. I have read and accept the above Financial Policy. I understand and agree to the terms set forth regarding payment.

Individual Receiving Services: _____ Birth date: _____

Signature of Parent or Responsible Party: _____ Date: _____

Printed name of Parent or Responsible Party: _____