# NEW ENGLAND CENTER FOR ANXIETY

#### Patient Financial Responsibility Policy

The New England Center for Anxiety is pleased to provide mental health services at this location. Each patient is legally responsible for all charges in connection with treatment provided by The New England Center for Anxiety. Depending on your insurance, you may be responsible for a portion of the charges associated with these services. All payments, including copays and deductibles, are due at the time of session. For our divorced families, whoever accompanies the child for treatment will be financially responsible for the session.

### Participating Insurances

The New England Center for Anxiety participates in a number of insurance plans in the area. We will file a claim on your behalf and accept contracted payments. It is important to note that each patient is responsible to understand his/her benefit plan and for payment of any plan deductible, co-insurance and co-payments (out of pocket expenses) associated with the services rendered. It is strongly recommended that you contact your health insurance carrier in advance of the first appointment to determine the details of your coverage, specifically if you have a deductible. Instructions for questions to ask your insurance company can be found on the following page. You are also responsible for services your medical insurance does not cover or that are determined by your insurer to be medically unnecessary.

## Non-Participating Insurance (Out of Network)

If The New England Center for Anxiety does not participate in your insurance plan, you will be responsible for charges identified by your insurance carrier as Patient Liability.

## No Health Insurance

If you are uninsured or are not using your insurance benefits, you are expected to pay for services provided.

#### Phone Calls

Phone calls with your therapist or on your behalf (e.g., to teachers, school social workers, etc.) lasting longer than 5 minutes will be charged to you at a rate of \$25 per each 6-15-minute increment. For example, phone calls 16-30 minutes will be billed at \$50. Phone calls cannot be covered by insurance. There will be no charge for a phone call that is 5 minutes or less.

<u>Signature</u>

I acknowledge that I have read and understand this Patient Financial Responsibility Policy. I understand that I am responsible for balances not covered by my insurance company.

Print name of patient	Patient's date of birth	
Signature of patient or responsible party	Today's date	
Please complete the following information after speaking	ng with	your insurer:
Does my policy include a mental health benefit? Yes	No	
Is my therapist an in-network provider? If no, does my policy cover out of network session	Yes ? Yes	No No
What is my co-pay for mental health services?		
What is my deductible for in-network mental health bene *Please note that a deductible must be paid out of		t at the time of the session.
How much of my deductible has been met this year?		
Do I require pre-approval or pre-certification of session? If yes, what is the approval or certification code? _		No

Is there anything else that I should know about my policy?