



Payment Policy

1. Legally, checks must be made out to: **Arts for Replenishment and Change, PLLC.**
2. Most insurance companies will reimburse a percentage of the cost of services. I will file your insurance claim for you IF I am on their provider panel. Please be aware, however, that you, and not the insurance company, are ultimately responsible for paying for all services provided. Your co-pays (and deductible, if applicable) should be made at the time of each visit.
3. If your account has not been paid for more than 15 days and arrangements for payment have not been agreed upon, Dr. Coffey has the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court which will require the disclosure of otherwise confidential information. The cost of that service will be added to your balance. In most collection situations the only information Dr. Coffey releases regarding a client's treatment is his/her name (and parents' names for children), address, phone numbers, the nature of services provided and the amount due.
4. In some cases another party may be legally responsible for payment of medical bills. However, responsibility for payment of fees falls to the individual, parent or guardian who arranged for services.
5. Insurance companies do not reimburse for missed appointments. Therefore, there will be a \$150 charge for "No Show" appointments or canceled appointments unless Dr. Coffey is notified at least one working day prior to the appointment. This charge will be waived in the event of an emergency or an illness. There is also a \$50.00 returned check fee for checks written with insufficient funds. If chart files need to be copied, there is a fee of \$.50 per page plus mailing costs.

Please print this form, complete, and bring with you on your first visit.

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6. If consultation with the legal system is requested or required as a result of services provided to you or your child, you will be expected to assume expenses associated with the time involved. (See separate fee schedule for you to initial.) Court appearance cost includes travel, preparation, and total time spent at the courthouse. It also includes time lost at the office if the court hearing is canceled on short notice (less than 5 working days). Brief (up to 5 minutes) contact with those involved in legal proceedings will not result in a charge.

7. If you wish to seek third-party reimbursement for services, your contract with them gives them the right to request information for determination of medical necessity and payment. Typical information supplied includes: dates of treatment, type of treatment, and nature of your problem or illness (a diagnosis). Some insurance companies, especially managed care organizations (HMOs and PPOs), may also require more detailed information such as treatment plans and periodic chart reviews. Information provided to them by Dr. Coffey will become part of the insurance company file and Dr. Coffey will not have control over their use of the information. They are, however, bound by state and federal law to handle your personal information with your confidentiality in mind. Your **signature** below provides authorization for Dr. Coffey to disclose this information. Please refer to your insurance contract for their specific information requirements.

Signature: _____ Date: _____
Signature of patient or patient's parent/guardian



Schedule of Fees for Legal Services

Writing Letter to Court - \$200/hour _____ (client's/parent's/guardian's initials)

Speaking/Communicating With CASA Worker - \$130/hour _____ (initials)

Guardian Ad Litem _____ (initials)

Co-Parenting Counselor _____ (initials)

Custody Evaluator _____ (initials)

Lawyer _____ (initials)

Traveling to and From Court and Court Appearances - \$300/hour _____ (initials)

***Note:** Any time spent past the hour will be billed at the next complete half hour rate. Example: 3 hours 10 minutes becomes 3 hrs, 30 minutes, or \$1150.*

Any time spent after 30 minutes will be billed at the next complete hour rate. Example: 3 hours 35 minutes becomes 4 hours or \$1200.

Payment for these services is expected upon receipt of the invoice. Be advised that more than one invoice may be required to bill you over the length of your court involvement. Should I have to make a second request for payment, I will add a \$25.00 per day LATE FEE charge.

Although I will not interrupt clinical services for you or your child, I will discontinue providing the **above services** for as long as there is an outstanding payment due.