

BEVERLY G CLEFF, ED.D, APRN

INSURANCE INFORMATION AND PAYMENT POLICIES

YOUR NAME: _____

DATE OF BIRTH: _____ SS# _____

PRIMARY INSURANCE CO: _____

PRIMARY INSURED NAME: _____

PRIMARY INSURED RELATIONSHIP TO PT: _____

BEFORE YOU COME TO YOUR FIRST APPOINTMENT, YOU MUST CALL YOUR INSURANCE COMPANY AND GET THE FOLLOWING INFORMATION FROM THEM ABOUT YOUR MENTAL HEALTH BENEFITS, WHICH MAY DIFFER FROM YOUR GENERAL MEDICAL BENEFITS.

DEDUCTIBLE AMOUNT \$ _____ MET FOR THIS YEAR: Y N

YOUR COPAY FOR OUTPATIENT MENTAL HEALTH BENEFITS \$ _____

IS PRIOR AUTHORIZATION/REFERRAL NEEDED? Y N WAS ONE SENT IN? Y N

IF YOU DO NOT BRING THIS INFORMATION WITH YOU, YOU WILL HAVE TO PAY THE FULL CHARGE FOR YOUR INITIAL VISIT.

OFFICE POLICIES REGARDING PAYMENTS

1. This office does not send out billings to patients – you will be responsible for your part of the payments at the start of each visit. If you do not have your payment, you will not be seen and will be charged for a missed session.
2. You can pay by credit/debit card, or by cash, and I request that you bring exact amounts in cash. Checks are not accepted.
3. We will bill primary insurances only [except for Medicare] and you will be responsible for any amounts above that. You can get a receipt to submit to your secondary insurance.
4. There is a charge of \$25.00 any time a patient reschedules an appointment to a different day or time.
5. For missed appointments, or those cancelled with less than 24 hrs notice, you will be charged between 50% to 100% of the full fee for that appointment time. This charge can not be submitted to insurance, and payment is due at your next session.
6. You can always discuss any financial issues with me. I do not want money to be the reason you don't come to your appointment, at the same time that I need to make sound business decisions to run a practice.