

PSYCHOLOGY ASSOCIATES

-Administrative Office-

**301 Oxford Valley Road
Suite 301 B
Yardley, PA 19067**

(215) 321-5780

FINANCIAL POLICY

In an effort to avoid confusion, we are providing you with important information regarding the financial policy at Psychology Associates. Please review our policies carefully and sign and date the bottom of this form upon completion.

It is your responsibility to know what your insurance plan covers for out patient mental health benefits. You are responsible for any balances not paid by the insurance company. Demographic information must be kept current in our system for billing purposes. Name, address and telephone number changes need to be reported to this office. Additionally, **changes in insurance carriers, identification numbers, benefits or co-pay must be reported immediately. Notify your therapist if you have seen another mental health provider outside of this practice.**

If we must re-bill your insurance company due to any incorrect information presented to us, you will be assessed an additional \$10.00 charge.

Deductibles and/or co-pay are required at the time of your visit. We accept cash or personal checks for payment. If you do not pay the co-pay at the time of the visit, \$25.00 will be added to your balance. If a check is returned for insufficient funds, an additional \$25.00 will be added to your account.

Cancellation Policy: We ask that you contact our office 24 hours before the appointment time to cancel; otherwise you will be billed \$75.00 for a missed appointment charge which must be paid prior to another appointment being scheduled.

I have read and understand the financial policy of Psychology Associates.

Signature: _____

Date: _____