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FINANCIAL POLICIES

Welcome to Pathways Psychology, PLLC, an independent practice of clinical psychology. This document contains important information about my financial policies, professional and administrative fees, and information regarding health insurance coverage and reimbursement. In order to avoid any miscommunication between us, it is important that you read this document carefully. I will be happy to answer any questions you may have about this information. When you sign the Psychological Services Agreement, it represents a financial agreement between us.

PROFESSIONAL FEES

For therapy services: my fee for an initial diagnostic interview is \$180.00. After this interview, my fee is \$120.00 per 45-minute session. I also charge \$120.00 per hour for any and all other professional services a patient may need (with the exceptions noted below), though I will prorate the hourly cost if I work for periods of less than one hour. Other services include preparation of records or treatment summaries, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, completion of any reports or forms, and the time spent performing any other service you may request of me. If a minor for whom you are legally responsible requires my involvement in an educational proceeding, you will be expected to pay for all of my professional time, including preparation and transportation costs. If you (or a minor for whom you are legally responsible) become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the potential difficulty of legal involvement, I charge \$200.00 per hour for preparation and attendance at any legal proceeding. **Please be aware that your insurance benefits will likely cover only face-to-face therapy sessions, and will not cover many of the additional services discussed in this section.**

For psychological evaluations: my fee for the initial clinical interview is \$180.00. After this interview, my fee is \$160.00 per hour (\$80.00 per half hour) of psychological testing and evaluation; this includes administering and scoring tests and assessment measures, interpreting test results, integrating clinical data, and writing the final evaluation report. If you should need additional services after your evaluation is complete, these services will be subject to the appropriate fee schedule as noted above.

LATE CANCELLATION AND MISSED APPOINTMENT FEES

We will schedule appointments on dates and times that we agree upon together; these appointments are then reserved strictly for you and no one else. Because of this, my office policy requires a minimum 24-hour advance notice of cancellation. **There will be a \$60.00 fee for missing a scheduled appointment or providing less than 24-hour cancellation notice. Insurance companies do not provide reimbursement for cancelled or missed sessions, and therefore payment of this fee is your responsibility.** I may be willing to waive or reduce the fee if we both agree that you were unable to attend, or to provide 24-hour notice of cancellation, due to circumstances beyond your control. If we have scheduled an appointment for two or more people (for example, a couples or family therapy session), I will expect all parties to be present for the appointment, unless we have made other arrangements in advance. If all parties are not present, I will consider the appointment to be cancelled and subject to the late cancellation fee. Please call if you are running late to an appointment; if I haven't heard from you within 15 minutes of the scheduled appointment time, I will assume that you are not coming, that the appointment is cancelled, and therefore subject to the late cancellation fee. If my schedule permits, I will be happy to reschedule a missed appointment within the week (5 days' business time), and will waive the late cancellation fee if the rescheduled appointment is kept.

I appreciate your help in keeping my office schedule running smoothly for the benefit of all of my patients.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. My practice accepts cash and check payments; checks should be made payable to **Pathways Psychology, PLLC**. My practice does not currently accept credit cards or HSA/FSA cards for payment; if your insurance plan includes an HSA or FSA account, I can provide statements for you to be reimbursed from that account for payments you make directly to me. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a payment installment plan. In order to comply with all state and federal laws, and to keep prices fair to all patients, I do not discount my fees or forgive balances.

If a check is returned for insufficient funds, you will need to pay for all associated bank fees that I might incur. I retain the right to require that all future payments be paid in cash if two or more of your checks have been returned for insufficient funds.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding services is the person's name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide some coverage for mental health services. If you are using health insurance to pay for your services, you must provide all the information needed for your claim- this includes notifying me of any changes in your insurance coverage. As a courtesy, I generally try to verify coverage and benefits prior to our first appointment- however, it is ultimately your responsibility to be familiar with your coverage and benefits and your expected costs. **I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees.** It is very important that you find out exactly what mental health services your insurance policy covers. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company.

Insurance benefits have become increasingly more complex, and it is sometimes difficult to determine exactly how much mental health coverage is available. **If your insurance company does not pay for my services, or if they deny a claim, you will be responsible for paying my fees.** I am not responsible if your insurance company misquotes your benefits. Patients need to be aware that even if an insurance company gives a quote of benefits prior to a service being rendered, they do not guarantee that the claim will be paid. Insurance companies do not make a decision regarding payment until a claim is received- in other words, after your appointment with me. If possible, I will provide assistance in helping you to get your claim paid, but ultimately you are responsible for paying my fees if your insurance company does not.

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. I am required to provide a clinical diagnosis. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, I will make every effort to release only the minimum information about

you that is necessary for the purpose requested. This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with the information once they have received it. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. It is important to remember that (unless prohibited by contract) you always have the right to pay for my services yourself to avoid the problems described above. By signing the Psychological Services Agreement, you agree that I can provide requested information to your insurance carrier.

Cristin M. Saffo, Psy.D.

Owner/Sole Member, Pathways Psychology, PLLC