

# Cape Fear Developmental Therapies PLLC

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## PAYMENT POLICY

Thank you for choosing our practice as your child's or adolescent's mental health provider. We are committed to providing your family with qualitative and affordable health care. In order to be clear about client and insurance responsibility for services rendered, we ask that you please read this payment policy, and then sign the Acknowledgement of Notifications page. The Office Manager, or your provider, will be happy to answer any questions you have about the procedures described as follows:

**Insurance:** We are paneled with some insurance plans, including NC Medicaid and HealthChoice. If your child or adolescent is insured by a plan that we do business with, our billing staff, with your consent, will submit a claim to the insurance company immediately following each appointment. Although we try to ensure that your child's or adolescent's insurance benefits and authorization needs are clearly understood prior to each appointment, we may ask that you provide an up-to-date insurance card at each visit. If for some reason insurance benefits cannot be verified, or there is no current coverage, payment in full for that appointment will be required at the time of the session, unless Medicaid is the reported insurer. Lapse of Medicaid benefits may mean that your child or adolescent cannot be seen for service, however. Being aware of the mental health benefits on the insurance plan is your responsibility; many insurance companies actually contract mental or behavioral health services to other carriers. Please contact the insurance company with any questions you may have regarding coverage, prior to any appointment with us.

**Proof of Insurance:** We will gather demographic information about you and your child/adolescent before being seen for the first session, and periodically thereafter. We must be able to obtain a copy of the current and valid insurance card or other documentation *for your child / adolescent*, to provide proof of insurance. We cannot provide services based on insurance that you may have on yourself (as the parent/legal guardian); we can only file claims if the child/adolescent is covered for mental or behavioral health services, because s/he is the client. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of the claim, if the insurance company allows us to collect private payment.

**Copayments and Coinsurance:** All copayments and coinsurance must be paid at the time of service. This arrangement is part of your contract with the insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us uphold the law by paying your copayment or coinsurance payment at each visit. Further, regardless of who will accompany your child/adolescent to the session on a given day, that person will be responsible for payment, unless you make other arrangements with our office in advance. We can take credit card payments over the phone in advance of an appointment, to include health savings accounts; we use that information immediately, and then destroy it – we do not keep credit card information on file. Please be aware that in parental divorce, separation, and shared custody situations, we do not split the financial responsibility for payment – it is your responsibility (i.e., the responsible party per the insurance plan and custody agreement) to arrange the full payment.

**Deductibles:** Please be aware that high deductible plans will necessitate payment in full for each session, until your deductible limit is met. We try to let you know those costs prior to each appointment. We do offer same-day pay rates if you do not intend to apply the payment to your deductible, and if you can pay the same-day rate in full. However, again, you will not be able to claim those payments toward your deductible, and in some cases, the same-day rate may even end up being higher than what your payment toward the deductible would be, given contractual write-offs determined by the insurance company. You will need to consider the best option for your family.

**Non-Insured or Out-of-Network:** If your child or adolescent is not insured, or is not insured by a plan that we do business with, payment in full is expected at each visit. We offer same-day pay rates. However, for out-of-network benefits, you may choose to submit a claim to the insurance carrier for your child/adolescent. If you intend to submit such a claim, same-day rates will not apply; you must pay the full rate. Further, it will be your responsibility to undertake the claim submission, unless our Office Manager determines that it is in our, and your, best interest for us to file the out-of-network claim. The Office Manager will also be happy to provide an itemized receipt that you can use to submit your claim. If this strategy does not work for your family, we can try to refer you to a provider who might take your child's / adolescent's insurance plan.

**Non-covered Services:** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or medically necessary by the insurer. We will discuss with you those services and charges, and determine how to proceed with your child's / adolescent's care. You may be expected to pay, depending on your insurance plan, for those services in full at the time of the visit, or as soon as the insurance carrier informs both you and our practice, through the Explanation of Benefits (EOB), that they have denied payment.

**Insurance Claims Submission:** Our practice will submit claims and assist you in any way we reasonably can to help get your child's / adolescent's claims paid. The insurance company may ask you to supply certain information directly. It is your responsibility to comply with such requests. Please be aware that the balance of any claim is your responsibility, depending on your insurance plan's coverage. Your insurance benefit is a contract between you and the insurance company that covers your child/adolescent; our practice is not party to that contract. Patient balances are billed immediately upon receipt of the insurance plan's Explanation of Benefits.

**Coverage Changes:** If the insurance coverage changes for your child/adolescent, please notify our office before the next visit, so that we can make appropriate changes to help you receive maximum benefits. If the insurance company does not pay your claim in 90 days, the balance will automatically be billed to you, unless your child has NC Medicaid or HealthChoice insurance.

**Nonpayment:** If your account is over 30 days past due, you may be charged interest on the past due amount. Please be aware that if a balance remains unpaid for 90 days, we may refer your account to a collection agency, and you will be responsible for any fees or charges associated with collecting the debt. Nonpayment will also impact decisions about ongoing scheduling of therapy sessions, as indicated in the practice guidelines.

**Missed and Cancelled Appointments:** Also as indicated in the practice guidelines, and depending on your child's or adolescent's insurance plan coverage, a charge of \$25.00 may be assessed for any appointments cancelled within 24 hours prior to the appointment time, or in the event that you miss the appointment with no notice. This fee does not apply to NC Medicaid or HealthChoice insured clients, per the terms of those plans. Any late-cancellation or no-show charges that are incurred will be your responsibility and billed directly to you; insurance carriers cannot be billed for that type of fee. The fee we charge is representative of the usual and customary charges for our geographic area.

**Payment Options:** For your convenience, our office will accept cash, personal check, debit cards, health savings account cards / plans, some online payment plans, and credit cards (Visa, MasterCard, American Express, Discover). Requests for payment plans will be considered on a case-by-case basis. A \$40.00 fee will be charged for any check returned for insufficient funds, and from that point forward we will only accept cash, debit, or credit card transactions for payments on your account.

Thank you for reading and understanding this payment policy, and agreeing to its terms. Please let us know of any questions or concerns that you may have.

**Your signature on the Acknowledgement of Notifications page indicates that you have read this document in full, and agree to abide by its terms during our professional relationship.**