

River Valley

Psychological Services

RIVER VALLEY PSYCHOLOGICAL SERVICES FINANCIAL POLICY

MINOR CHILD GUIDELINES

Our financial policy is a necessary part of assuring the financial resources required to maintain the vital health care services for our patients and the community. The parent presenting the child for evaluation or treatment is presumed to agree to be financially responsible for such services. This policy applies to the parents and/or legal guardian of minor children: For example, in the case of divorced parents, the parent who initiates therapy is considered to be financially responsible by River Valley Psychological Services. Parents may then make arrangements between themselves for reimbursement according to their parenting plan.

Charges for mental health services (such as copays) are due and payable at the time of treatment unless other arrangements have been made with the billing department or your therapist. We accept cash, check, Visa or MasterCard.

If you will be using health insurance, it should be understood that this is an agreement between you and your insurance company. Your insurance company may request certain records from your file and our office is required to release the information requested.

YOU ARE RESPONSIBLE FOR:

- Knowing your child's benefits (i.e. number of psychological sessions allowed per year, if this is a calendar year or a fiscal year, if your child's therapist is covered at the in-network rate or the out-of-network rate, the amount of your yearly deductible and the co-payment per session, etc.) We are happy to provide you with a Benefit Verification Form to assist you in collecting and tracking this information.
- Pre-authorizing your child's psychological care by calling your insurance carrier and telling them the name of the doctor he/she will be seeing. You may also need to provide a referral from your primary care physician.
- Tracking the number of sessions used for any given authorization. Please note that some insurance plans will allow a set amount of sessions per year, which are divided among psychiatrists, psychologists, social workers or any other mental health care provider.
- Tracking any changes in your benefits or insurance coverage and informing your therapist.

If these steps are not taken, your insurance company may not provide payment for your child's sessions and you may be held responsible for the bill that accrues. Your therapist may assist you in any of the above responsibilities, as time allows.

Our billing department will bill your insurance company for its portion of the bill. There will be a \$15.00 service charge on any check returned from the bank for nonpayment. A late charge of 1% per month may be assessed on all accounts delinquent 30 days or more. River Valley Psychological Services reserves the right to send negligent accounts to collections.

We require 24 hours' notice for cancellation of appointments or you will be charged for the session. Your insurance company does not cover the cost of a missed session. This fee also applies to appointments you may make in the future with other clinicians in our office.

If you have any questions, please feel free to discuss them with our business office at (206) 431-5336, or with your therapist.

DISCLAIMER:

As the parents/legal guardian of the patient we understand that the purpose of our child's visit is for therapy sessions only. It is typically not in the child's best interest to have the therapist embroiled in parental legal disputes. **By signing this Financial Policy we agree that we will not involve our child's therapist in litigation.** This disclaimer may not apply if your therapist is engaged, in writing, for the purpose of a custody evaluation.

We have read and agree to this policy.

Patient Name

Date

Parent's Signature (Mother)

Date

Parent's Signature (Father)

Date

Legal Guardian's Signature

Date