

PSYCH ASSOCIATES OF MARYLAND, LLC

FINANCIAL POLICY

FULL PAYMENT OF YOUR FINANCIAL RESPONSIBILITY IS DUE AT THE TIME OF SERVICE. Please do not ask us to bill you. We accept cash, some credit cards and checks with a valid driver's license.

If your insurance policy requires preauthorization for a service and you do not have that authorization information, you will be responsible for payment of the full fee at the time of service. If your insurance denies a claim because there is no initial authorization, you are responsible for payment of the entire fee.

Please see our "Patient Information Packet" for further information regarding missed appointments and late cancellations. Also, please carefully read the section regarding Fees.

Because of our contracts with insurance companies, we are unable to provide service without charging you the portion for which you are responsible. Please do not ask us to "write off" the amount due from you.

All overpayments are credited to your account. They will be held and applied as needed until all services have been paid in full. Remaining overpayments will be applied against future services, unless the overpayment is at least \$20.00 and you request reimbursement.

I have read, understand and agree to this financial policy, including those sections in the "Patient Information Packet" which are pertinent.

Signature of person responsible for payment

____/____/____

Date