

Dr. Gail Lisson, Psy.D.
CENTER FOR HEALTH SOLUTIONS, PLLC
2500 Regency Parkway
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PATIENT FINANCIAL POLICY

FULL PAYMENT OF PATIENT OBLIGATIONS IS DUE AT THE TIME OF SERVICE

Health insurance and payment:

Your health insurance is a contract that you sign with the insurance company. We are not part of this contract. We will submit a claim to your insurance company for your visit as a service to you. However today's visit charges are your responsibility. It is also your responsibility to ensure that we are a participant in your insurance. You should be aware of your benefits coverage and make sure that we have the required pre approval and/or referral for your visits. If the service provided is a non-covered service, you will be responsible for 100% of the bill.

Billing Information:

We must have your current billing information on file at the time of each visit. Please let us know if your insurance coverage or your address has changed since your last visit. We need this information to properly bill your insurance company. If the payment is denied because of incorrect billing information, you will be responsible for the entire bill.

Insurance Participation and Payments:

For all insurances in which we are a participating provider, we are required to collect all co-pays, deductible, and /or co-insurances at the time of treatment. In case we are not a participating provider, you will be responsible for the entire bill. As a courtesy, We are happy to submit a claim on your behalf if you are informed that you have out-of-network benefits. If payment is sent by your insurance company related to out-of-network benefits, you will be refunded accordingly.

Missed Appointments:

Unless cancelled by 7:00am on the date of your appointment, you will be charged \$100.00 for any missed appointments. You can text cancellations to 252-206-6930. There may be additional charge for any missed procedure appointments. Your insurance company will not pay for these charges. So please help us by keeping your appointments or giving us advance notice, if cancelling scheduled appointments.

Past Due Balances:

If you do not receive an explanation of benefits (EOB) within 45 days of your visit, please contact your insurance company to ensure that a payment has been made. Balances 60 days past due become your responsibility and you will be expected to make payment arrangements. ***Any past due balances will be turned over to collection agency after 90 days.*** In case the balance remains unpaid and any litigation ensues, you will be responsible for our court and attorney fees.

Thank you for understanding our financial policy. If you have any questions, please let us know and one of our representatives will be happy to assist you.

I have read the FINANCIAL POLICY. I have been given the opportunity to ask questions. I understand and agree to this policy.

Date	Patient Name	Patient Signature
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INSURANCE INFORMATION PROVIDED ON DATE OF SERVICE

My copay/co-insurance amount is: _____
My deductible due is: _____
I spoke with my insurance plan on: _____ (date)

I did not check my insurance benefit prior to coming to my first appointment- If yes, please sign here: _____

Circle one:

My insurance does not require a pre-authorization prior to the first visit

My insurance does require a pre-authorization prior to the first visit