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Methods of Payment

Thank you for trusting ACAPS with your health needs.

The financial part of any visit can potentially be the most tedious. Below, we have provided specific information related to our financial policies in order to help decrease frustration and increase awareness related to billing, insurance coverage and appointment expectations.

Insurance

Outpatient health benefits have become very complex and time consuming with the availability of different benefit plans and policies. It is sometimes difficult to determine how much coverage is available from your insurance company. Some managed healthcare plans require authorization before they provide reimbursement for services. These plans are often limited to short-term treatment approaches, which are designed to address specific problems that are interfering with a person's typical level of functioning. *Our treatment plans, recommendations, and treatment interventions are based on clinical needs, not insurance limitations.* For example, it may be necessary for you to seek approval from your insurance company ahead of time if you would like to receive additional services. Your insurance carrier may deny services or otherwise place limitations on services. If insurance will not cover continued therapy, we provide self-pay options, if applicable.

For each visit to our office, we will ask you to provide the information that is required to verify your insurance coverage and file your insurance claim. **Your insurance is a contract between you and your insurance provider, and it is your responsibility to understand your insurance plan coverage.** We encourage you to contact the number on the back of your card to review and verify your benefits. Not all services are a covered benefit in all contracts. **You are ultimately responsible for 100% of charges, even if your insurance denies coverage.**

As a courtesy, Appalachian Counseling & Psychological Services (ACAPS) will attempt to verify your insurance benefits and/or necessary authorizations for you. Please be aware, this is only "A QUOTE of Benefits/Authorizations." **We cannot guarantee payment or verify eligibility of benefits conveyed to us or to you by your carrier. Payment of benefits is subject to all terms, conditions, and exclusions of the member's contract at the time of service.**

Your health insurance company will only pay for services that it determines to be "reasonable and necessary." Our office will make every effort to bill your insurance in a timely manner. If your carrier determines that a particular

service is not reasonable and necessary or that a particular service is not covered under the plan, your insurer will deny payment for that service, and payment will become your responsibility.

Medicaid patients must present a *current* Medicaid card, or your appointment will need to be rescheduled.

If you have primary and secondary insurance, it is your responsibility to provide both insurance identification cards. If the office does not have the proper information for a secondary insurance, the secondary will not be billed and you will be responsible for the remaining balance. We will bill your insurance as applicable; however, you are ultimately liable for any fees and costs not covered or paid by your insurance. Questions about non-payment should be directed to your insurance company.

If you have a change in insurance coverage, it is your responsibility to inform us of this. **Due to “timely filing” requirements, if you have a change in your insurance coverage and/or do not provide us with the correct insurance information BEFORE your appointment, you will need to pay the cost of your service in full and then contact your insurance company for reimbursement. If we do not have correct insurance details at the time of service, you will be responsible for 100% of service fees.**

We require a valid credit card to be on file in order to schedule an appointment. This card will be used to charge no-show/late cancellation fees and any unpaid charges that are over 60 days due, for example deductibles/co-insurance or insurance denials. Please note: Patients who have *active Medicaid at the time of service* are not required to have a credit card on file.

Should there be a payment balance due to claim denials, uncovered services, or changes to your insurance plan, you will be responsible for the balance. **All unpaid balances over 60 days old will automatically be billed to the credit card on file.** *Should the credit card not be valid and no other payment arrangements have been made, your account may be referred to an external collections agency or referred to other legal means for collection. You will be responsible for any legal fees incurred through this process.*

Any overpayment that might occur due to misquoted benefits or deductible completion will be refunded to you or held in your account to pay for future services, when applicable. Any fees incurred by your provider from credit card companies, collection agencies or banks due to non-sufficient funds, payment disputes, or non-payment of fees will be passed along to the guarantor/responsible party.

Payment

Patients who do not have insurance coverage are considered self-pay. If you are a self-paying patient, there are various payment options available to you, which are reviewed on an individual basis. Please contact our billing manager at 828-575-9760 to discuss those options.

Upon arrival to your appointment, co-pays (and co-insurance when applicable) are due before you can be seen. Professional fees, service fees, co-pays, and deductibles are non-refundable. If you have an outstanding balance (co-pay, co-insurance, private pay invoices, etc.) you must speak with our billing department before scheduling additional appointments and/or services.

Account balances must be paid prior to or at the beginning of the next session. Continuation of services may be dependent on having your account in good standing. Please contact your insurance company to determine your benefits and authorization requirements. If your insurance company requires a pre-authorization, please have the required information with you at the first session. Every effort will be made to verify coverage and identify financial liability (such as deductibles, co-pays, etc.); however, it is ultimately the client's responsibility to know his/her coverage and resolve any non-payment issues directly with the insurance company.

For your convenience, we accept cash, personal checks, Mastercard, Discover, American Express, and Visa. There is a \$25 fee for all returned checks.

Missed Appointments & Cancellations

Please keep in mind that appointments are timeslots specifically reserved for you. We require at least 24-hours advance notice if you are unable to keep your scheduled appointment. As a courtesy, we offer appointment reminder calls, which will give you the option to cancel or reschedule at that time. **However, it is ultimately your responsibility to keep track of your appointments whether you receive a reminder call or not.**

Patients who arrive fifteen minutes late or more will be rescheduled.

A \$120 "no show" fee is accrued for individuals who fail to show up to their therapy/treatment appointments or to give advance notice (unless due to inclement weather or medical emergencies such as ER admittances or hospitalizations). Please note, due to the considerable planning and preparation that must occur prior to appointments for psychological evaluations, the no-show/late-cancel fee is \$200. *If you cannot attend your scheduled appointment, be sure to call at least 24 hours ahead of time to cancel so as not to incur a fee.* Please remember that confirmation reminders from us are only a courtesy. **Our failure to confirm your appointment does not relieve you of your responsibility to cancel your appointment.**

Patients with repeat cancellations or missed appointments may be discharged from our practice. Please note: Medicaid patients will not be charged for missed appointments or late cancellations. *Medicaid patients who do not show for their appointments may be discharged and not allowed to reschedule.*

Fees for Clinical Services

Diagnostic Evaluation (Psychological Intake)....\$250
 Psychological Evaluation – Neuro....\$200 per unit
 Psychological Evaluation....\$175 per unit
 Individual Psychotherapy....\$145 for 30 min
 Individual Psychotherapy....\$180 for 45 min
 Individual Psychotherapy....\$210 for 60 min
 Therapy Comprehensive Clinical Assessment (CCA)....\$300

Group Psychotherapy....\$100 for 60 min
 Multi-family Group Psychotherapy....\$75 for 60 min
 Family Psychotherapy w/patient....\$230 for 60 min
 Neurobehavioral Status Exam....\$250 per unit
 Speech-Language Evaluation....\$205 per unit
 Speech-Language Treatment....\$85 per unit
 Medication-Diagnostic Intake....\$250
 Medication Management....\$175 per unit

Court/Legal related services: Costs include: travel, preparation, consultation, statements, depositions, and appearances, will be billed at an hourly rate of \$250.00 to \$475.00, depending on your provider. **This rate is billed**

in 15-minute increments, per provider involved. You are responsible for all court costs, even if your attorney subpoenas your provider(s) or if a court order is issued. You are also required to pay for such services **in advance of the service. **In the event that you have not paid in advance, you understand and authorize your credit card be charged for any and all such related charges.****

We provide answers to routine/basic questions free of charge. Occasionally, complex issues necessitate more involved responses that require your ACAPS provider's expertise and documentation, (e.g. completion of forms, written letters, etc.). **These services are billable and are not covered by insurance companies. These services are billed at a rate of \$25.00 per 10 minutes. Please note that the charge for these services will include time for preparation and documentation.**

Other services not listed (such as phone consultations, IEP documentation support) will be determined based on the scope of services needed.

I (patient/legal guardian) agree that I am responsible for the charges for services delivered by ACAPS providers to me (or this patient) although other persons or insurance companies may make payments on the account.

I hereby assign all benefits, including major health benefits to which I am entitled, as well as Medicare and/or Medicaid, and other government-sponsored programs, private insurance, and any other health plan to the designated provider/ACAPS. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize the designated provider to release all information necessary to secure payment.

Please sign and return this document to ACAPS. We will make a copy of the document for your records.

I, _____, acknowledge that I have read this entire 'Methods of Payment' document, and I fully understand and agree to all terms listed on the ACAPS Methods of Payment form.
(please print name of patient/legal guardian)

Patient/Legal Guardian Signature
(Provide relationship to patient if guardian)

Date: _____

Relationship to patient if guardian