

**Family Psychology Associates, P.C.
603 Dolley Madison Road, Suite 214
Greensboro, North Carolina 27410**

NOTICE OF PAYMENT POLICIES

By signing the attached New Patient form, you are agreeing to these policies.

Private Insurance

1. The parent/guardian (or in the case of an adult, the patient) is fully responsible for any fees for services. These fees are due at the time of service, but in many circumstances payment of some portion may be deferred, with the understanding that this portion will be paid directly by the patient's insurance company (or companies).
2. The amount deferred will be determined at the time of service, depending on the information given by the insurance company when benefits are verified. Full fees will be collected until deductibles have been fully satisfied.
3. Any amount not collected from the patient at the time of service is still considered to be fully the patient's (or guardian's) responsibility. If, for some reason, insurance does not pay as anticipated, the patient (or guardian) will be billed for the balance due.
4. Some insurance companies have been less than dependable in providing accurate information over the phone regarding benefits. Therefore, in some cases, we will ask that you pay the full fee until insurance benefits are actually received. If a refund is due, it will either be sent to the patient (or guardian) or will be applied as a credit against future services (whichever is your preference).
5. While it is rare, after services are provided an insurance company may determine that, in their judgement, services were not necessary or covered. If this happens, your insurance will not pay their expected portion of the charge. In the event that this happens, you will be responsible for the entire amount that your insurance company would ordinarily pay for any disallowed services.

Missed Appointments

You may be charged for missed appointments.

Other Payment Arrangements

1. Payment for services is sometimes arranged through certain community agencies, but these arrangements must be verified in advance of being seen. As is true with other payment sources (i.e., insurance), if payment is not forthcoming as anticipated, the fees for services will be the full responsibility of the parent/guardian/patient. If you believe an agency has agreed to pay for services, be sure to confirm this with us before being seen.
2. We cannot bill someone else for services which we provide. Even if someone other than yourself is responsible for payment (for example, a noncustodial parent), you will have to pay for services at the time that they are provided and then obtain reimbursement from the other party. We will be glad to provide any fee/payment statements necessary to assist you in this process.