



36 Munroe Falls Avenue
Munroe Falls, OH 44262
330-801-7148

Patient Financial Policy

Welcome and thank you for choosing our practice for your mental health care. We are committed to providing you with the highest quality mental health care possible in a cost effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area. We are pleased to discuss with you any questions you may have.

- Payment in full is due at the time services are rendered. As a courtesy to our patients, we accept cash, personal check, money order, Visa, MasterCard, Discover, and American Express.

Appointments:

- Please arrive to your appointment on time.
- If more than 10 minutes late for your appointment, you will be marked as a No Show and will need to reschedule your appointment at another time.
- To provide the best possible service and availability to all of our clients, please contact us (phone, text, email) 24 hours before your scheduled appointment if you know that you will need to reschedule. You may be responsible for full payment of missed appointments not cancelled within this time frame. As insurance will not cover this charge, your carrier will not be billed. Any charges incurred due to a missed appointment MUST be paid prior to being rescheduled.
- It is your responsibility to verify that the counselor is currently under contract with your insurance plan and that you have obtained all necessary referrals before your scheduled appointment. Failure to confirm this will result in your responsibility of any and all charges.
- Please inform us immediately of any demographic changes (phone number, address, insurance information, etc.). Failure to notify us immediately of changes in demographic information, financial status, and/or insurance coverage will result in you being responsible for any services not covered by your insurance carrier.

Insurance

- As a courtesy, Alma Via Counseling Services LLC verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan, if your claim processes differently from the benefits we were quoted, the insurance company will side with the plan and will not honor the benefit quote we received.
- It is the policy of Alma Via Counseling Services LLC that payment is due at the time of service unless other financial arrangements are made in advance. We require all patients to pay their deductible, copay and/or coinsurance payment at each visit. At the conclusion of your visits with us you may be billed for any outstanding balances. If there is a credit, you will be provided a refund promptly.
- If you are covered by health insurance with Alma Via Counseling Services LLC benefits, we will be happy to bill your insurance. Please provide your insurance information and we will verify your coverage as a courtesy. Accepting your insurance does not place all financial responsibilities onto this practice, and you will be held accountable for any unpaid balances by your plan.

- Although we are contracted with some insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our clinic by another physician does not necessarily guarantee that your insurance will cover our services. Please remember that you are 100 percent responsible for all charges incurred: your physician's referral and our verification of your insurance benefits are not a guarantee of payment.
- We highly recommend you also contact your insurance carrier and check into your coverage for (practice specialty). Do not assume that you will not owe anything if you have more than one insurance policy.
- We will file your insurance claims for insurance that we are contracted with in a timely manner. If the insurance companies do not pay the practice within 60 days, you will be held responsible for payment.
- Your insurance policy is an agreement between you and your carrier. All health plans are not the same, and do not cover the same services. In the event your health plan determines a service to be “non-covered,” you will be responsible for the total charge. Payment is due upon receipt of a statement from our office or at your next counseling session.
- All disputes must be handled between you and your insurance company.

Collections and Outstanding Balances

- A fee will be charged to your account for any bounced checks. The fee plus the amount of the initial check must be paid in full before rescheduling.
- If it becomes necessary to place your account with a collection agency, there will be an additional charge placed on your account equal to 1/3 of the balance being placed. Additionally, this will have to be paid in full prior to scheduling any future appointments.
- All future appointments will need to be paid for at the time of the visit. If you have insurance, we will bill them for you and refund to you any payments received from the insurance carrier.

I have read this patient financial policy and understand what is stated above.

Client Name (Parent/Guardian if under 18)

Date

Client Signature (Parent/Guardian if under 18)

Date

Therapist Signature (Witness)

Date