

Insurance & Billing Policy

Insurance & Billing Policies Client Responsibility: It is the client's responsibility to pay for all services provided, even if services are denied by insurance. These non-reimbursed costs may include, but are not limited to deductibles, copayments, missed session fee, unauthorized sessions, and non-covered procedures.

Fee: The fee for services is the contracted rate of your insurance company or \$125 per therapy session. We reserve the right to periodically adjust the fee for self-pay clients. You will be notified of any fee adjustment in advance. Fees are payable at the time that services are rendered.

Copayments: Clients are expected to provide copayment at the time of service. If writing a check, clients are asked to write it in advance in order to make best use of time. Authorization & Limited Sessions: The client is responsible for obtaining necessary initial authorizations. Subsequent authorizations may require involvement from both client and therapist. Clients are strongly urged to know this detail of their policy and plan accordingly.

Appointment Scheduling and Cancellation Policies: Session scheduling will be discussed with you at each appointment. The typical recommendation for therapy is weekly or every two weeks. Your consistent attendance greatly contributes to a successful outcome. Scheduled appointment times are reserved especially for you. If an appointment is missed or canceled with less than a 24-hour notice, you (not your insurance) will be charged the total of the actual session. There are typically no exceptions to this rule, but it is at the therapist's discretion.

Phone/Email/Report Policy: There is no charge for returned phone calls or emails, provided that the contact does not exceed 10 minutes. Additional time, including collateral contacts and writing reports will be charged on a pro-rata basis and will be discussed with you prior to completing a requested project.

Claim rejections: If the insurance carrier for any reason denies the claim, including, but not limited to deductibles, nonauthorizations, pre-existing conditions, or non-response, the credit card on file will be charged and you will be notified via the email address that you provide on the intake form.

Collections: In the unlikely event that a client fails to remit payment and the credit card is declined, we will be forced to send the account to collections and/or seek legal action. Clients are held responsible to all associated fees, including lawyer fees, collections fees, administrative fees, and any additional expenses.

**Please remember to have your
PAYMENT OR CO-PAY ready
for your appointment, it is due
at the time of services. Thank you!**

A charge of the full session fee will be assessed for failure to show for your scheduled visit at

Ronald L. DeLong, Ph.D. & Associates, LLC.

If you know that you will be unable to keep your scheduled visit, we ask for a 24-hour notice. This will allow us to offer that appointment time to another client.

Please be aware that 3 “No Shows” in a 3-month period could result in discharge from services.

Our goal is to provide excellent care in a timely manner for all our clients.

Thank you for your consideration. A copy of this consent & policy notification is available upon request for your records.