

P.B.S. MENTAL HEALTH ASSOCIATES, P.C.
901 East Brady St., Suite 103
Butler, PA 16001
Phone: 724-282-1627 Fax: 724-282-4810

POLICIES
(effective October 2019)

PAYMENT - We accept cash, check, Visa, Mastercard, Discover.

Your CO-PAYMENT, deductible amount and coinsurance amounts are due at time of service and are a part of your contract between you and your insurance company and cannot be written off or discounted for any reason by our office.

SELF PAY

If you do not have insurance, payment in full is due at time of service.

RETURNED CHECKS

There will be a \$25.00 fee for all returned checks, this fee and the amount of check must be paid with cash or credit card. Multiple check returns will result in cash or credit payment only and may be subject to filing with the local magistrate.

MEDICAL ASSISTANCE - We DO NOT participate in the insurance and are not taking new patients that have this insurance. However, if you have Value Behavioral Health, AND are an established patient, you are able to self pay (out of pocket) for services here. By initialing here you agree to self pay for services at our office and not utilize your in network benefit with your insurance company.

Initials _____ Initial here is you DO NOT have any form of Medical Assistance _____

FILING YOUR INSURANCE CLAIMS – IT IS YOUR RESPONSIBILITY TO KNOW YOUR BENEFITS!

Please remember that your insurance policy is a contract between you and your insurance company. We will as a courtesy bill your insurance to help you receive the maximum allowable benefit under your policy. Any unpaid balances are your responsibility. If we are not in network with your insurance payment is due in full at time of service and an itemized receipt will be given to you for self-reimbursement.

ADMINISTRATION FEES-

A \$25 fee is billed for any forms or letters done and sent to other providers, attorneys, employers and or insurance companies. This fee is due prior to information being sent. If not, paid, information will not be sent.

COLLECTION POLICY – refund policy

Our office attempts to collect any outstanding balance using monthly statements AND by asking for payment upon check in. Payment on your account is due immediately upon receipt of statement. If you are experiencing financial difficulty, please notify our billing department.

Every possible attempt will be done by our office to collect on your account prior to taking outside collection agency action. If your account is sent to collections, your FULL AMOUNT DUE will need paid IN FULL prior to being able to reschedule with anyone in our practice. No refund under \$1.00 will be issued by us or expected to be made to us.

MISSED APPOINTMENTS-LATE CANCELLATIONS

We require 24 hour notice for a cancellation of an appointment. If you do not call within this time frame OR no show to an appointment, a \$30.00 fee will may be added to your account at the discretion of the clinician you were to see that day.

EMERGENCY EVENT

In the event of an emergency closing, all phones will have a prerecorded message with instructions. You will be contacted by a staff member regarding closure and/or rescheduling within 24 hours. If you are in need of immediate assistance, please report to the nearest emergency room.

AFTER HOURS

If you are experiencing a true medical emergency go to the nearest ER. Otherwise call the office at 724-282-1627 which is answered by an answering service and leave a message. If we have called your home using a different number DO NOT call that number, use 724-282-1627

MEDICATION REFILLS

We need a 2 day notice to process medication refills. If it has been more than 6 months since you have been seen, you will be asked to schedule an appointment before a refill will be granted. NO REFILL REQUESTS WILL BE DONE AFTER NOON ON FRIDAYS!

MEDICARE PARTICIPANTS

I REQUEST PAYMENT OF AUTHORIZED Medicare benefits to be made on my behalf to PBS for any services furnished to me. I authorize any holder of medical information about me to be release to the Health Care Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

****Your signature on this form authorizes PBS Mental Health Associates, PC (PBS) to release to your insurance company, information for billing purposes and direct payment to PBS. It also authorizes us to release information concerning medical care relating to mental health, medications, treatment planning and information related to utilization and quality assurance reviews to your insurance company should they require it. You also agree to endorse over to PBS any checks paid to you by your insurance company that were for services rendered her in our office. It is insurance fraud to cash these checks and not turn the monies over to us. Signature below also acknowledges I have read all policies above and agree to all terms.

Patient Name (printed) _____
SIGNATURE (Patient or Parent of Minor): _____ Date: _____

This first appointment today is a consultative psychiatric evaluation. During this hour of assessment it will be decided by both you and the Clinician whether a therapeutic relationship will be initiated.

Health Care Insurance Information

Sometimes, health insurance policies feel like they're written in a foreign language. You read them and wonder, "What in the world does that mean?"

Understanding basic medical insurance terms is important-especially if you're shopping for a new policy. That knowledge can help you pick the plan that best fits your needs and may save you money.

Healthcare.gov provides plain-language definitions of many health insurance terms. You'll find a list of terms at [healthcare.gov/glossary](https://www.healthcare.gov/glossary).

You can also read definitions of some basic for terms below.

- **Premium.** The monthly amount you pay for insurance
- **Coverage.** The health services your plan will pay for.
- **Deductible.** The amount you're required to pay for medical care each year before your insurance begins to pay. If you have a deductible of \$1,000, you'll pay \$1,000 out of pocket for covered health services before your insurance pays anything. The deductible may not apply to all services.
- **Co-pay.** This is short for co-payment. It's a set dollar amount (\$15, for example) you pay each time you see a provider, get a prescription or use another covered health service. Your co-pay can vary, depending on your plan and the type of service you get. Your insurance company pays the rest of the bill up to the amount allowed by your plan.
- **Allowed amount.** The most your plan will pay for certain health care services. If your health care provider charge is more than your insurance will pay, you may have to pay the difference.
- **Co-insurance.** The percentage of the cost of a service that you must pay after you've met your deductible. A common co-insurance ration is 80-to-20. In other words, insurance pays 80 percent of the allowed amount for the service and you pay 20 percent.
- **Formulary.** A list of prescription drugs that your health plan or prescription plan will cover. It's also called a drug list.
- **In-network/out-of-network.** Providers-hospitals, doctors, specialist and therapist, for example-who accept your health insurance are called in-network providers. Ones that don't are called out-of-network providers. It typically costs you more to see out-of-network providers, so check carefully to see if the health care providers you use or are considering using are in-network or out-of-network.