



## ABHC Credit/Debit Card Policy and Authorization Form

Behavioral Health care involves services which cannot be billed to our patient's insurance until after the time of service. We attempt to estimate these charges for the patient and collect the co-payment, co-insurance and/or deductibles at the time of checkout; however, because this is just an estimate of charges, a balance may occur on the account.

In an effort to reduce billing fees and finance charges for overdue balances on patient accounts, ABHC has established a Credit/Debit Card Policy. This policy expects patients to keep a current credit/debit card on file in the event of a balance due after the insurance company has paid.

We ask patients to provide a credit/debit card. The credit/debit card information will be **securely stored into a PCI and PABP certified service**. This system securely stores the credit/debit card information, displaying only the last 4 digits of the card number. ***Staff members will not have access to the card.*** ***Only the last 4 digits of the card will appear in our system.*** These credit cards are used to cover copays at the time of service and to pay account balances after insurance explanation of benefits has been received.

Once we have verified patient responsibility from the insurance company in the form of an Explanation of Benefits (EOB), we will bill the credit/debit card on file for that portion (payments will be processed on Fridays). **We will only automatically charge amounts of \$25.00 or less. (EXCEPT FOR BELOW MENTIONED NO SHOW FEES)** For any balances over \$25.00 we will send out a written statement outlining the total responsibility to the address provided on file. As is customary, the insurance provider will always send the patient an EOB. This allows the patient to contact the insurance company with any concerns about the patient responsibility. If the patient wish to give a different form of payment or would like to make payment arrangements, please contact our financial department at 425-209-4054. If **after two weeks from the time ABHC has sent the statement for the remaining portion the patient have not paid the patient balance, the signature on this form authorizes ABHC to charge the full patient portion for the service on the card on file minus the initial 25.00 charge.**

If the payment is declined, we will call the patient and let the patient know on the same day and the patient will be charged \$35.

Co-pays and co-insurances are due at the time of service. By providing the credit/debit card to have on file the patient can simply have our front desk staff charge the account on file.

This change will be an advantage to the patient, since the patient will no longer have to write or mail checks. It will be an advantage to us as well, since it will greatly decrease the number of statements we have to generate and send out. The combination will benefit everyone in helping to keep healthcare costs down. Paying the bill is now easier, faster and more efficient. This policy will not compromise the right to dispute a charge or question the insurance company's determination of payment. Please notify us as soon as possible if there is a question regarding the charges on the bill.

**ADDITIONAL UPDATED POLICY** Associated Behavioral Health Care has a "no show" policy. As of August 25, 2014 in order to NOT be charged for a NO SHOW the patient must phone the specific clinician and leave a message based on the following parameters. If the patient notifies the clinician that the patient is unable to attend the given service with more than **48 hours notice** the patient will NOT be

charged. However if the patient notifies the clinician with less than 48 hours notice and before the day of the appointment, the patient will be automatically charged 1/2 of the fee for that service. If the patient does not notify us at all and does not show up for the appointment **or cancels the appointment the same day of the appointment**, the patient will be billed the FULL amount of the service for that date. **By signing this form the patient have agreed to allow Associated Behavioral Health Care to bill the credit/debit card on file for no show fee charges as listed below. PLEASE NOTE that this fee may be MORE than 25.00 and is not billable to insurance.** If we are able to fill a cancelled time with another patient, then we will waive any late fee for that missed appointment. This is to give the patient an incentive to let us know when they know they will miss an appointment.

*If a credit/debit card is not provided to be kept on file, and if a balance is due on the account, the patient will be sent one statement and given the opportunity to pay any unpaid balance. If a second statement is sent out, a billing fee of \$5.00 per statement will be applied to any balance due. If the patient does not have insurance, have not met the deductibles, or do not have a credit/debit card, total payment or payment arrangements are required before the due date of the first statement. If the patient has any questions regarding this policy or payment methods, please ask to speak with our financial representative at 425-209-4054.*

### **ABHC Fees**

#### **Licensed Mental Health Counselor (LMHC) & Licensed Independent Clinical Social Worker (LICSW)**

Intake Session: \$175 (CPT 90791)

Individual Session (60 minutes): \$120 (CPT 90837)

Individual Session (45 minutes): \$110 (CPT 90834)

Individual Session (30 minutes): \$75 (CPT 90832)

Late Cancels: 50% of full fee

No Show: Full fee

Records review and forms completion: \$100/hour

Court related preparation, deposition, and testimony: Quote will be given upon request

#### **Clinical Psychologist (Ph.D.)**

Intake Session: \$275 (CPT 90791)

Individual Session (60 minutes): \$175 (CPT 90837)

Individual Session (45 minutes): \$165 (CPT 90834)

Individual Session (30 minutes): \$125 (CPT 90832)

Psychological Assessment: \$160/hour (CPT 96101 PER UNIT)

Neuropsychological Assessment and report writing: \$200/hour (CPT 96118 PER UNIT)

Academic Testing: \$200/hour

Late Cancels: 50% of full fee

No Show: Full fee

Records review and forms completion: \$200/hour

Court related preparation, deposition, and testimony: Quote will be given upon request

#### **Psychiatrist (MD or DO) & Advanced Registered Nurse Practitioner (ARNP)**

Intake Adult Session: \$300 (CPT 90792)

Intake Adolescent Session: \$350 (CPT 90792)

Med Management (40 minutes): \$250 (CPT or E/M 99215)

Med Management (30 minutes): \$200 (CPT or E/M 99214)

Med Management (15 minutes): \$125 (CPT or E/M 99213)

Late Cancels: 50% of full fee

No Show: Full fee

Records review and forms completion: \$200/hour

Court related preparation, deposition, & testimony: Quote will be given upon request



## BEHAVIORAL HEALTH

*how healthcare works*™

### Authorization

As the credit/debit card holder, I \_\_\_\_\_

authorize Associated Behavioral Health Care (ABHC) to charge my credit/debit card for medical and or clinical services according to the above policy. This card authorization form is for ABHC transactions only. If the credit/debit card on file is declined for payment, billing fees as described in the Credit/Debit Card Policy will be charged.

Name as it appears on card:

---

Last four digits on card \_\_\_\_\_

Billing Address:

---

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Patient/Guarantor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **INTERNAL PROCEDURES FOR ABOVE FORM**

- 1. Upon intake ALL MH clients will fill out form**
- 2. Any no show will be charged as full payment due at the time of the missed appointment. Daniel will then check with clinician if clinician has not already contacted him for any notice from client. IF no notice Daniel will charge account for NO SHOW. If a late cancellation appointment is not replaced by another billable event on the schedule, the appropriate fee will be charged to the account.**
- 3. On the Friday of each week Daniel will run ALL EOB payments per above policy.**
- 4. He will then send statement same day and confirm tracker system for two weeks out to run full amount if payment has not be received.**