



Elizabeth Psychology Group
 1501 E. 7th Street, Suite 7 ☐ Charlotte, North Carolina 28204
 ElizbethPsychologyGroup.com

Financial Policy Information

Thank you for choosing me as your health care provider. The following is a statement of my office's financial policy. Please read it carefully before signing and let me know if you have any questions or concerns.

Insurance Coverage

Please contact your insurance carrier before your first appointment to inquire about your Mental Health benefits. These benefits differ from your regular health care benefits. If your plan requires pre-authorization from the patient, you are responsible for doing so. If you fail to obtain proper authorization, you will be responsible for full payment of any denied claims. If the patient is a minor, the accompanying adult, whether it is a parent or guardian, will be responsible for making sure payment is made at the time of each visit. Generally, payment for each individual visit is expected in full at the time of the visit. Itemized statements will be mailed to you regularly reflecting payments made either for you own records or for purposes of insurance re-imbusement.

Currently I do not directly participate in most insurance plans. However, under many of these plans you may still qualify to receive reimbursement for a non-participating provider. It is your responsibility to contact your insurance carrier and find out if the out-of-network coverage is acceptable to you. If so, I would ask that you expect to pay me in full at the time of each visit and on a monthly basis I will send you an itemized invoice to submit to your insurance carrier for reimbursement.

Missed Appointments

Scheduled appointments are reserved exclusively for you and are a critical part of your treatment. Please provide my office with a minimum of 24 hours notice of a cancellation. A no-show fee may be assessed for failed appointments. After three (3) cancellations without proper notice, discussion to terminate treatment may unfortunately occur.

Returned Check Fee

There will be a \$55.00 processing fee for any returned check.

Fees:

- Initial session: \$195
- Early morning appointment (before 10am) \$150
- Mid-day appointment (10am-2pm) \$135
- Afternoon appointment (3pm-5pm) \$140
- Evening appointment (after 5pm) \$150

I also offer discounts on pre-paid package sessions:

- 5 sessions: \$650
- 10 sessions: \$1250
- 20 sessions: \$2400

Collection Efforts

Accounts that are outstanding for more than sixty (60) days and carry a balance of \$100.00 or more may have treatment interrupted until payment is made in full. Delinquent accounts may be turned over to a collection agency after ninety (90) days when no attempt to resolve the account has been made.

Client

Date

Psychologist

Date