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Client Obligations

Any amount not paid by your primary insurance company is your responsibility, including deductibles, copayments, and denied claims. It is your responsibility to understand which services are covered by your policy and which are not. You are also accountable to ensure that you do not exceed the yearly maximum number of visits allowed.

Insurance

Our clinicians accept most insurances. If you have questions regarding coverage, please contact administrative staff directly at 440-701-6170 and someone will assist you.

Secondary Insurance

This office will bill secondary insurance if we are in-network and given insurance information needed to do so. If any information is given to us after previous office visits have occurred, it may be too late to back bill even if insurance was effective.

Co-Pays

The amount you owe per session once your deductible has been met. For therapy, some insurance companies use the co-pay you pay for your PCP, some use what you pay to see a specialist. Co-pays will be collected at the time of service. Again, look at old EOB's, check your account on-line or call your insurance company to determine your co-pay.

Forms of Payment

We accept cash, personal checks, and all major credit card forms of payment. A fee of \$10.00 will be charged to your account for a check returned to us for Non-sufficient funds or any other reason.

No Shows/Cancellations

A 24-hour advance notice is required for the cancellation of any appointments. *Patient is to contact their therapist regarding any cancellation of appointment.* If one has not been assigned or you do not have their contact info, please contact the office at 440-701-6170.

Any cancellation of an appointment with less than 24 hours notice or a now show will be charged a fee of \$80.

Credit Card on File

We require a valid credit card to be held on file for all self pay clients and those with commercial insurance to cover all fees, including but not limited to co-pays, deductibles, and cancellation fees. Please contact the office or therapist for further clarification.

Other Services

Any additional services such as letters, reports, phone contacts, depositions, court appearances, etc. are

not covered by your insurance and maybe billed at an hourly rate if you request said services.

Court testimony will be at a charge of \$150.00 per hour for a clinician (travel time included), with a two hour minimum, payable in advance.

Any formal letter, report or written deposition will be at a charge of \$150.00, payable in advance.

For records requests, we charge a nominal fee for copies in accordance with Ohio Revised Code (ORC) 3701.741- <<https://codes.ohio.gov/ohio-revised-code/section-3701.741>>

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature of Client/Guardian

Date