

Financial Policy

To Our Clients:

We are pleased that you have chosen Holistic Consultation to provide your mental health services. We are committed to providing you with the best possible care. Our practice firmly believes that a good therapeutic relationship is based on understanding and good communication.

Since payment of your bill is part of your treatment, we want to communicate our Financial Policy to you in writing so that you know what to expect and to avoid any misunderstandings concerning payment for services.

Payment for Services:

- Please be prepared to pay for services at the time of each visit.
- If you do not have insurance, if you have insurance with a plan with which we do not participate, or wish to not utilize your insurance, you will need to pay in full at the time of service.

If We Participate With Your Plan:

- We will be happy to bill your plan directly, provided we can verify your coverage.
- Please note that even though you have coverage, there often is a portion of your bill (both before and after submitting your claim) that you are required to pay.
- You are expected to pay any unpaid amounts when you are in the office for appointment(s).
- The status of your annual deductible will be verified and collected by our office if unpaid at the time you receive services.
- We will refund any overpayments promptly should they occur.

How Our Arrival and Check-In Process Works:

When you arrive, our front desk staff may verify and update any information we have on file for you.

- We will copy your insurance card on your first appointment and on as needed basis.
- This is necessary because the changes in coverage can occur on a monthly or annual basis.
- If your insurance requires us to collect a co-pay or a co-insurance amount, we will collect this amount at the time of service.
- If you are unwilling to pay your co-pay or co-insurance amount, your appointment may need to be rescheduled.
- Should you receive a new insurance card or new insurance carrier, it is your responsibility to inform us.

Insurance Coverage Concerns:

While our office works with many health plans, we cannot be responsible for knowing the details of each and every plan. As a subscriber and as a client, it is your responsibility to:

- Be familiar with the requirements of your specific plan.
- Present your current insurance card at your first appointment and upon request.
- Pay any co-payments, co-insurance and/or unpaid deductibles at the time of service. Payment may be made by cash, check or credit card.

Campus Office

2060 High Street, Suite N
Columbus, OH 43201

Clintonville Office

3857 N. High Street, Ste. 200
Columbus, OH 43214

If You Have a Secondary or Tertiary Insurance:

- We do not verify your secondary or tertiary coverage or submit claims with your secondary or tertiary carrier.
- If you would like to submit claims to your secondary or tertiary carrier, we will be happy to provide you an invoice upon request.

If You Have a Plan Which We Do Not Participate:

The full self-pay rate of \$145/session will be applied for services.

Questions About Your Insurance:

We are always happy to answer basic insurance questions. However specific coverage questions should be directed to your insurance company's Member Services Department (their number should be on the back of your insurance card or you can contact the employer's Benefits Office with questions).

Payment Plans and Sliding Fee Discount:

If you are unable to pay your bill in full and need to make payment arrangements:

- We will work with you to arrange a mutually acceptable payment plan.
- A sliding fee scale is available for those who are uninsured or cannot afford the full fee for services.
- You will be required to provide proof of income and demonstrate financial need.

Delinquent Accounts:

Should you fail to pay your account or not follow through on an agreed payment plan:

- We have the right to submit the outstanding balance to a collection agency.
- If this occurs, you will be responsible for an additional 40% collection fee assessed by the collection agency in addition to your outstanding account balance.

No Shows:

As described in the initial Client Registration agreement, should you need to cancel or change an appointment, please do at least 24 business hours in advance. If you fail to show for your scheduled appointment without canceling or rescheduling:

- Your full session fee will apply. Your full session fee is defined by either your network negotiated insurance rate including any copay or coinsurance or your default self pay rate whichever applies.
- Please be aware that continued missed appointments may lead to termination of services.

Medical Record Requests, Client Forms and Documentation Letter Fee

As described in the initial Client Registration agreement, any medical record requests, client forms and/or documentation letters will be processed within 30 working days and will be mailed or faxed to the information provided on the authorization form. A \$25 fee will be applied to your account for each request.

Please let us know if you have any questions or concerns about these policies. We appreciate your business.

Campus Office

2060 High Street, Suite N
Columbus, OH 43201

Clintonville Office

3857 N. High Street, Ste. 200
Columbus, OH 43214