



The Chrysalis Project

Financial Responsibility

My services will be billed by the hour. In accordance with CMS standards of practice for billing of psychotherapy and assessments and will include time spent on case management as needed.

You are required to pay all co-pays and coinsurance amounts. Your insurance policy is a contract between you and your insurance company. You are ultimately responsible for any balance not covered by your insurance policy. As a courtesy, we will bill your insurance for you. We will make every effort to ensure that claims are complete and accurate when submitted; however, follow up on your insurance claim is your responsibility. **If your insurance does not reimburse me within 60 days, you may become responsible for the balance.** You will be refunded any amount subsequently received by your insurance company.

In certain circumstances, I will make arrangements for a payment plan. It is unethical and/or illegal for me to waive your co-payment and/or deductible.

I understand that the some insurance carriers and plans do not authorize sufficient hours for appropriate diagnosis, report writing, feedback and records review. Dr. Jones has given me the opportunity to purchase the non approved hours at the standard hourly rate for each CPT code listed on the current Rate Sheet unless otherwise agreed upon in writing in advance.

Please do not hesitate to request clarification of any clinic policies or ask any other questions regarding your service. Dr. Jones and the office staff are happy to respond to any concerns.

Date _____

Responsible Party Signature
