

Preferred Family Clinic  
**POLICIES**

We, at the Preferred Family Clinic, are sensitive to the ever-increasing cost of healthcare. For this reason, each of our clinicians is dedicated to rendering only those professional services which are deemed to be necessary and appropriate. To assist us in controlling the costs associated with these services, we have implemented the following payment policy.

**RIGHTS**

Patients have the right to be free of discrimination and intimidation. Patients are also free from any potential harm or acts of violence from the clinic. Patients have the right to be treated with dignity and respect. If there are any complaints, questions, or grievances, the patient is encouraged to speak with one of the staff members or management to resolve the issue. If a patient feels he or she has been unfairly treated, a letter may be sent and addressed to the Administrative Team where they will review the case. In accordance with the Utah Clean Air Act smoking is prohibited on the clinic premises.

**FEES**

Our clinicians offer a broad range of professional services: individual, group, and family therapy; testing and evaluations; consulting; psycho-educational training; etc. Each of these services is billed separately and may be conducted on-site, off-site, or over the phone. The rate for a particular service is available upon request. **The signature of a responsible party is required before any services can be provided.** In the case of a Returned Check, a \$95.00 fee will be assessed to your account and only cash or credit card payments will be accepted in the future.

**PAYMENT AT THE TIME OF SERVICE**

**Co-payments or deductibles required by a primary insurance policy must be paid at the time of service. Patients without insurance coverage are also required to make payment at the time of service.**

**INSURANCE**

As a courtesy to our patients, we bill most insurance carriers. Our clinicians are “approved providers” with several major insurance companies. Any fee adjustments required by our contractual relationships with these companies will be made when the processed claims are returned to our office. **We also attempt to verify insurance benefits in advance; however, this is NOT a confirmation or guarantee of insurance coverage or payment.** Thirty to Sixty days are allowed for insurance claims to be processed after which **the patient is held responsible for payment.** Resolution of coverage disputes with an insurance company is the responsibility of the policyholder. When required, referrals from primary care physicians must be obtained by the patient. Whereas it is impossible for us to anticipate what every insurance company(s) will pay for every patient, **it is our policy to require every patient to call their insurance company to familiarize themselves with their particular outpatient mental health benefits.** By initialing the following, the patient agrees to do so as well as acknowledging their responsibility to enforce any contracts implicit or implied between themselves and their insurance company(s).

**BILLING**

Insurance claims are prepared and submitted weekly. Monthly statements are prepared and mailed to patients the first week of each month. These statements provide an itemization of the previous month’s account activity. Account balances older than 30 days will be subject to a finance charge of 36% APR. Accounts declared delinquent may also be subject to collection, attorney, and legal fees without notice. Accounts sent to collections must be paid in full before reinstatement of services.

**MISSED COPAY FEES**

**A \$15 fee will be assessed for any date of service where the copay/co-insurance was not paid at the time of service.** If, upon the next visit, the missed copay, missed copay fee and copay for that date of service are not paid, services may be denied for that date of service and all future scheduled appointments will be subject to cancellation.

**MISSED APPOINTMENT FEES**

**A \$100 charge will be assessed for each scheduled appointment missed with less than 24 hours notice. Insurances do not cover this fee nor can a flex spending account be used to pay for this fee.** If any patient misses 2 or more consecutive appointments, all future scheduled appointments will be subject to cancellation. We can then avoid assessing the patient additional fees for any possible missed appointments that may occur in the future. No future appointments can be made until all missed appointment fees have been paid in full. **If the patient is more than 15 minutes late for an appointment, the therapist retains the right to cancel or reschedule that patient’s appointment, and a missed appointment fee may be assessed.** The patient should also be aware that in the event that their Therapist decides to accept an appointment which has arrived late, the duration of their session will probably be cut short. This may or may not affect the fees associated with that date of service. Accounts balances due must be paid in full before reinstatement of services.

**RELEASING INFORMATION**

All patient information is confidential. We release appropriate information upon request within 72 hours of obtaining the required signatures of patients or legal guardian if patient is under 18 years of age. There is a standard copying fee of \$.50 per page for the first 20 pages then \$.20 per page.

**\*Requests for letters, forms, or reports, from a therapist must be in writing and signed. These requests can take a minimum of 2 weeks to be processed. If these requests need to be expedited, a fee may be applied. Expedited fees are contingent upon preparation time, set at therapist’s hourly self-pay rate and is not billed through insurance.**

I, the undersigned, attest that I have read and agree to the terms listed above in Preferred Family Clinic’s Payment Policy.

\_\_\_\_\_  
**Signature of Patient, Guardian, or Guarantor**

\_\_\_\_\_  
**Date**

## Preferred Family Clinic ADDITIONAL POLICIES

### EMPLOYEE-ASSISTED PROGRAM (EAP)

We accept some EAP benefits as a courtesy to our patients. Contact your EAP to confirm that Preferred Family Clinic is a covered provider. **EAP authorization must be received at time of the initial visit.** The EAP authorization is a contract or “letter” and protects you, the patient, and guarantees payment for authorized visits. If EAP authorization is not received at time of visit, we cannot apply benefits for prior visits. However, benefits might be applied to future visits, contingent on the contract.

\_\_\_\_ (initial)

### ACCURATE INSURANCE

Current insurance information must be received **within 30 days** of the initial visit. If insurance is not received within 30 days, the balance for the previous visit(s) is the responsibility of the patient/guardian/guarantor. We will not bill insurance for the previous visit(s), but will bill for future visits.

\_\_\_\_ (initial)

### ADDITIONAL

All contracts must be received **within 30 days** of initial visit. Contracts include: bishop letters, Workers’ Compensation, Crime Victims, Vocational Rehabilitation, court ordered payments, auto-claim contracts, etc. Contracts, or documentation stating payment, are required for billing purposes and will not be back dated.

\_\_\_\_ (initial)

### BALANCES

If a patient and/or payor accrues a cumulative balance of **\$300.00 or more**, all future appointments will be cancelled. Insurance balances will not be included unless we have received denials for payment or balances are past due >120 days. Patient and/or payor may once again schedule appointments when the balance(s) are paid in full.

\_\_\_\_ (initial)

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Signature of Patient, Guardian, or Guarantor

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Date