

## HUDSON VALLEY CENTER FOR DEVELOPMENT

1124 Route 94, Suite 201  
New Windsor, New York 12553  
(845) 787-1350 / Fax (845) 787-1366

### STATEMENT OF BILLING POLICIES (Adult/Child/Couples/Family/Groups)

Psychotherapy and counseling are behavioral health services that typically require *at least a weekly commitment of time on the part of the clinician and the client*. The clinician will set aside a regular time (or times) for the benefit of the client (a 'session') – regular attendance is expected and encouraged. When a client does not attend a session, the insurance company will not pay for the session. If a session is not funded, the clinician will not be paid for his or her time that has been set aside for you. HVCD billing policies are designed to facilitate client attendance, and to ensure that your clinician is paid for his or her ongoing availability. If a client is experiencing uncertainty about engaging in and/or continuing ongoing treatment, we encourage the client to speak directly to your clinician or contact the Director of Practice Operations at (845) 787-1354.

By signing this billing policy, the client is indicating his/her informed consent to treatment and his/her agreement to the following:

- (1) All missed sessions will be billed at the provider's non-managed care rate, with the only exception being the two missed sessions as described in item (2). Because insurance companies will not fund a missed session, the client will be held financially responsible for the missed session, and will be billed at the provider's non-managed care fee. (\$\_\_\_\_\_ per session).
- (2) The client may cancel two (2) sessions without being billed in a given year, if the clinician is provided with 24 hours notice of the cancellation. This is the only exception to item (1). Once the two-session maximum is reached, clients will be billed for all missed sessions, regardless of the reason for the cancellation.
- (3) If a client cannot make a scheduled session, the clinician will make every reasonable effort to reschedule at a time the patient can attend. If the session can be made up in the same week it is missed, the session will not be billed as a missed session.
- (4) If a client wishes to stop attending regular treatment, he or she must inform the clinician that s/he is terminating. Sessions will continue to be billed as missed sessions until the clinician is directly informed of the termination.
- (5) If a client is not present for a given session, and/or the session is canceled on the day of the scheduled appointment, the session will be billed at the provider's rate.
- (6) **For pediatric clients only** (age 17 and under), the following exception applies: Cancellations with 24 hours notice that take place during school vacations will not be billed, nor will such cancellations count towards the two (2) non billable

cancellations references in item (2). Regular attendance is strongly encouraged and expected for children during school vacations, if possible.

- (7) Co-payment, or the provider's Standard Fee, dependent upon your insurance plan, is due at the time of session and can be made in the form of cash, check, or credit card. Payment can be given directly to your clinician. Any amounts that are applied to your deductible and/or coinsurance, according to your insurance plan during each month, may result in a balance due, or a refund due, which will be reflected on your end-of-month account statement, and will be due at that time. You may opt to keep a credit card on file, which would be charged on an ongoing weekly basis on the Friday of the week *following* your session date. A credit card form will be provided by your clinician, and receipts for such charges will be provided monthly, upon request. If you have opted to keep a credit card on file, your card will be charged the full amount due at the end of every month. If your insurance plan has assigned your responsibility to Deductible and/or Coinsurance, you may continue to receive monthly statements after treatment has ended depending upon when insurance payments are received. If you have a credit card on file, your card will be charged accordingly at the end of each month until all sessions are paid in full.
- (8) If secondary insurance coverage is in effect, it is the client's responsibility to submit claims directly to the secondary insurance company. Upon request, a statement will be provided to you to present to the secondary insurance company for reimbursement.
- (9) Outstanding balances of more than 90 days will be referred for collections action. Your clinician will also provide pretermination counseling and a referral to another provider if indicated.
- (10) Phone consultations (including consultations with outside professionals) that extend beyond 10 minutes in duration will be billed at the provider's rate, prorated accordingly. Outside meetings, consultations, home visits, mandated court appearances, etc. will also be billed at the provider's rate, prorated accordingly.
- (11) **For cases seen on an out of network basis only:** Information necessary to arrange for reimbursement by a third party (i.e. – CPT codes for the insurance company) can be provided as part of the billing statement. This information will be placed onto the bill, and the bill can be submitted directly to the third party by the client.
- (12) **For cases seen on an out of network basis only:** Checks received from insurance companies will be returned to the insurance company without being deposited. Payment for bills on out of network cases is to be made directly from the client to the Hudson Valley Center for Development.
- (13) The Hudson Valley Center for Development is **closed** on the following national holidays:

Christmas, New Year's Day, Independence Day (July 4), Memorial Day, Labor Day, Thanksgiving

The Hudson Valley Center for Development is **open** on the following national or school holidays:

President's Day, Good Friday, Columbus Day, Martin Luther King, Jr. Day, Rosh Hashanah, Yom Kippur, Election Day

Unless you and your clinician discuss otherwise, you will have a scheduled session when the Center is open and the normal attendance policy will apply (i.e. – you will be billed for missed sessions on these dates).

If there are any questions about the billing policy, please do not hesitate to speak to your clinician or to the practice administrator at (845) 787-1356.

Please provide your signature if you agree with the following:

I have spoken with my clinician and consent to ongoing treatment at the Hudson Valley Center for Development.

I have read, understand, and agree to comply with the billing policies of the Hudson Valley Center for Development. I agree that my typed name on this document is considered an electronic signature.

\_\_\_\_\_  
Signature of Client or Parent (if 17 or under)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

If patient is 18 years of age or older and a third party (i.e. a parent) is responsible for payment, the third party must sign below as well.

I have read, understand, and agree to comply with the billing policies of the Hudson Valley Center for Development.

\_\_\_\_\_  
Signature of Third-Party Payer (i.e. Parent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Patient