

## 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)

**All clients are *required* to keep a credit card on file. Treatment cannot be initiated and/or maintained without a valid credit card.**

The adult billing policy involves an understanding that the clinician is setting aside specific time for you and that you are committing to regular treatment. Regular attendance is strongly encouraged. You understand that any missed sessions are to be paid for – regardless of the reason for the missed session.

By signing this billing policy, you agree to the following:

- (1) All missed sessions will be billed an '*administrative fee*', with the only exception being the two missed sessions as described in item (2). ***The administrative fee is \$85 (psychologist) / \$70 (master's) per session.***
- (2) You may cancel two (2) sessions without being billed in a given year, if you provide your clinician with 24 hours notice of the cancellation. This is the only exception to item (1). Once the two session maximum is reached you will be billed the administrative fee for all missed sessions, regardless of the reason for the cancellation.
- (3) If you cannot make a scheduled session and request a make-up appointment, the clinician will make every reasonable effort to reschedule. If the session can be made up in the same week it is missed, the session will be billed an administrative fee.
- (4) If you stop attending treatment, you must inform the clinician that you are terminating. Sessions will continue to be billed an administrative fee until the clinician is directly informed of the termination.
- (5) Payments, copayments, and uncovered fees will be billed directly to your credit card on a weekly or monthly basis. Upon request, a receipt of monthly charges will be provided.
- (6) Outstanding balances of more than 90 days will be referred for collections action. The provider will also provide pretermination counseling and a referral to another provider if indicated.
- (7) Phone consultations (including consultations with outside professionals) that extend beyond 10 minutes in duration will be billed at the non-managed care rate, prorated accordingly. Outside meetings, consultations, home visits, mandated court

appearances, etc. will also be billed at the administrative fee rate, prorated accordingly.

- (8) **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 receipt. This information will be placed onto the receipt, which can be submitted directly to the third party by the patient.
  
- (9) **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 patient to the Hudson Valley Center for Development.

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) 787-1323.

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

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
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