

Anna R. Flynn, M.D.
Board Certified Adult, Child & Adolescent Psychiatrist

— FINANCIAL POLICY AND AGREEMENT —

Thank you for choosing us as your health care provider. We are committed to providing you with the best care possible. Please read the following information carefully and completely. Should you have any questions, please contact us immediately. Your clear understanding of our Financial Policy and Agreement is important to our professional relationship. You must sign and date this form prior to the beginning of care.

PAYMENT POLICY

1. Payment is expected at the time of service. You may pay with cash, check or Visa/Mastercard. If you become more than two visits or 60 days behind in payments, new sessions will be scheduled once the balance of your bill, which is your responsibility, is paid. If we can no longer serve you due to lack of payment, we will assist you in finding alternative care.
2. Whether you desire to file your insurance on your own or to not use insurance, payment must be made in full at the time of each visit. We will be happy to provide you with a “superbill” with the proper code numbers for diagnostic category and type of service provided. You may mail this to your insurance company or save it for your financial records. You will then be reimbursed directly by your insurance company per the terms of your policy.

Dr. Flynn does not participate in any insurance, Medicare, CHAMPUS or Medicaid plans. We do this in order to keep our costs reasonable and to allow us to spend time working on your treatment.

Occasionally, your insurance company may require us to contact them to discuss your treatment and progress. We are glad to respond to brief requests for information. In the event that extensive information or written reports are requested, Dr. Flynn will notify you and discuss the likely fees associated with providing these services. Insurance companies may have different levels of coverage. Reimbursement varies depending upon the level of benefits that you and your employer have chosen. Your degree of coverage is a matter between you and your insurance company and/or your employer.

3. All charges are your responsibility from the date services are rendered.

FEES

Initial Assessment/Evaluation: \$450.00 per 60 minute session

Medication Monitoring/Psychotherapy: pro-rated in five minute increments at Dr. Flynn’s hourly rate of \$450.00 per hour. Travel time to and from the office is included in the charge.

Telephone calls and consultation with other professionals and/or review of patient records and report writing will be pro-rated in five minute increments at Dr. Flynn’s hourly rate of \$450.00 per hour. These calls may or may not be covered by insurance.

No show fee/cancellation policy: the fee for the missed session is charged for cancellations with less than 24 hours notice.

Occasionally, appointments may be conducted in your home or office. In such cases travel time will be charged in addition to the appointment charge and at the same hourly rate.

RESPONSIBLE PARTY

If the patient is a minor (or is subject to guardianship under Court Order), a parent or guardian must (1) consent to treatment and (2) accept responsibility for payment for our services. In the case of divorced or separated parents – other arrangements (including Court Orders and Decrees) notwithstanding – the parent or guardian signing this form will be the party billed and agrees to be personally liable for any and all payments and balances outstanding. Reimbursement (from co-parents or other parties) to the Responsible Party signing this agreement must be handled directly by the Responsible Party; our office cannot bill such third parties.

Thank you for understanding our Financial Policy and Agreement. If you have any questions, please do not hesitate to ask. Please sign below indicating that you have read and understand this policy and agree to abide by it.

Signature _____ Date _____
Of Patient, if over age 18

Signature _____ Date _____
Of Guardian and/or Financially Responsible Person, if applicable