

## Patient Financial Responsibility Form

Thank you for choosing to work with Douglas Waldruff Ph.D. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

As the client (or client's guardian, if a minor) you are ultimately responsible for full payment for treatment and care. Your insurance policy is a contract between you and your insurance company. As a courtesy, we will provide you the necessary paper work to file your claim or in some cases file your claim(s). However, you required to provide us with the most current information about your insurance, and will be responsible for any charges incurred if the information provided is not correct or updated.

Clients are responsible for the payment of copays, coinsurance, deductibles, and all other procedures, treatments or services not covered by their insurance plan. Clients are responsible for contacting their insurance carrier for explanation of any services not covered. Payment is due at the time of service, and for your convenience, we accept cash and personal checks, debit and credit cards.

We accept most PPO insurances however we are not considered as an "in-network" provider. In order to avoid unexpected charges, it is advisable that you confirm your coverage directly with your insurance plan. You should reach out to your carrier when you initiate care with Douglas Waldruff, Ph.D. to familiarize yourself with the limits of your policy and what it will and will not provide coverage for. We do our best to guide clients through this process, but ultimately it is impossible for us to keep abreast of the requirements in the thousands of insurance products on the market. It is an individual client responsibility to understand the provisions, limits, and requirements of their individual benefit plan(s) and advise us accordingly.

Please be aware that, except as contractually agreed otherwise by Douglas Waldruff Ph.D., clients are ultimately responsible for insuring payment for all services provided. If a carrier denies payment for services because a plan requirement was not met, services were considered "non-covered", the plan benefits were exceeded, care is considered medically unnecessary, or treatment is considered experimental, among other reasons, clients will be held accountable for those charges.

Although we will sometimes submit a claim to insurance for our patients, if your insurance requires you to pay a co-payment and or deductible, you will be required to pay that portion of the cost at the time of service. If you do not pay your co-payment at the time of service, we will bill you for this, along with a billing fee to offset the cost of sending the statement.

Please bring your insurance card with you each visit and notify us of any changes in your coverage. All client accounts should be paid at the time of service. We will ask you for payment on any outstanding balances. Dr. Waldruff accepts cash, checks and major credit cards. Checks that are returned to Dr. Waldruff's practice unpaid from your account will be assessed an additional \$30 NSF fee. If you are having financial difficulties please consult with Dr. Waldruff or his staff to work out a reasonable payment plan.

### **OTHER FEES NOT COVERED BY INSURANCE:**

Clients may incur, and are responsible for the payment of additional charges. These charges may include but are not limited to (subject to change at any time):

**Appointment Cancellations:** When you make an appointment, we reserve time specifically for you. Unfortunately, when a client does not show for their scheduled appointment, another patient loses an opportunity to be seen. Therefore, if you need to cancel or re-schedule, you are asked to notify us as soon as possible, no later than **24 hours** in advance. A full session fee is charged for missed appointments or no show cancellations with less than a 24 hour notice unless due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for or cancel an appointment with less than 24 hours notice. Habitually cancelling your appointments may cause us to ask you to find another therapist for your healthcare needs.

**Returned Checks:** \$30.00

**Completion of Forms:** Because these forms require time that Dr. Waldruff is unable to see clients or complete other important tasks, if you require forms to be completed, including but not limited to; disability, FMLA, school, work, or legal purposes our offices have established a policy of charging an amount equal to a prorated amount of Dr. Waldruff's hourly fee, depending on the time required to fill out the form. This fee covers the time Dr. Waldruff uses to retrieve the information from your chart and complete the form. Forms that are completed during a patient visit are not charged the fee.

**Copies of Medical Records:** As a patient, you have the right to a copy of your medical records. Our offices charge a fee of .75 cents per page for these records. The fee must be paid prior to the disclosure of the request.

**Collections:** Any costs associated with collection of patient balances, including 3rd party collection agency fees.

By my signature below, I authorize Douglas Waldruff, Ph.D. to communicate by phone, mail, answering machine message, and/or email according to the information I have provided in my patient registration information.

I have read, understand, and agree to the provisions of the Patient Financial Responsibility Form:

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Printed Name of Patient

Date of Birth

Printed Name of Guardian (if applicable)

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Signature of Patient or Guardian

Date Signed

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Witness Signature

Date Signed