

Gabrielle Carey, Ph.D., LMFT
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White Plains, NY 10604

FINANCIAL POLICY

Dr. Carey strives to provide and maintain successful psychotherapist-client relationships. Please read her office financial policy carefully to ensure good communication and understanding of our relationship. Please ask about any questions or concerns with our policy.

- Although I call and verify your insurance benefits/authorizations before you are treated, it is your responsibility to understand your benefit plan, know if a written referral is required to see a specialist, or if a preauthorization is needed, and what services are covered. Not all services are covered by every insurance plan. Check with your plan to make sure your services are covered.
- According to your insurance plan, you are responsible for all co-payments, coinsurances, and deductibles, which are required at the time of service.
- I do not submit to secondary insurance plans. If you have secondary insurance, I will provide you with a receipt so that you may submit to your secondary insurance company, who will send the reimbursement check directly to you. You will still be responsible for any co-payment, coinsurance, deductible, or balance on your account.
- If you do not have insurance, or if I do not participate in your insurance plan, the full fee will be due at the time of the session. I require a 24 hour notice for cancellation or rescheduling. If a 24 hour notice is not given, then the full fee will be charged to you, (not just your co-pay). Your insurance will not pay for any missed appointments, or appointments that are not canceled or rescheduled within a 24 hours. If you have an EAP, after two no shows/late cancelations, you will no longer be rescheduled. Emergencies will be handled on a case by case basis.
- A \$40.00 fee will be charged for returned checks in addition to any bank fees incurred.
- A \$25.00 fee is charged for copies of medical records OR to fill out any disability paperwork. Each new set/update of disability paperwork incurs a new \$25.00 charge.
- Any outstanding account balances past due 30 days will incur a \$15.00 rebilling fee. Any outstanding balances past due 60 days will be forwarded to a collection agency and a 35% fee will be added to your total account balance.

I have read and understand HCPA's financial policy. I agree to keep HCPA informed of my current mailing address and phone numbers. I agree that if it becomes necessary to forward my account to a collection agency; I will also be responsible for any processing fee in addition to the original amount.

Client Signature

Date