



Andrea Morganstein, LPC LLC

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FINANCIAL POLICY

Thank you for choosing me as your behavioral health provider. I am committed to providing you with quality care. I provide this written policy to answer questions that you may have regarding my charges and fees. Please read it, ask me any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

- 1. Payment in full is expected at each visit.**
- 2. Insurance.** I do not participate in any insurance plans, which means that I am an out-of-network provider. If your insurance policy includes out-of-network benefits, it is possible that you could be eligible for reimbursement from the insurance company of a portion of your payment to me. **Knowing your insurance benefits is your responsibility.** Any discussion that we may have about your insurance is based upon my general knowledge but is not a guarantee about what your insurance company will do.
- 3. Covered & Non-covered Services.** Be aware that some, and perhaps all, of the services you receive may be non-covered or not considered reasonable or necessary by your insurance company. **I encourage you to ask your insurance company specifically about the billing codes below so that you will know if they are covered and, if so, at what rate.** The billing codes listed below are the ones that can be used in my practice. Those marked with an asterisk are the most frequently used.

CPT ("Billing") Code	Service Description	Phone and/or Video Sessions
90791	Diagnostic Interview (Intake)	Not Available (N/A)
90832	30 min. Psychotherapy with Patient (16-37 min)	N/A
* 90834	45 min. Psychotherapy with Patient (38-52 min)	Many insurance companies do <u>not</u> cover phone or video sessions.
* 90837	60 min. Psychotherapy with Patient (53 min+)	
90785	Add-On Code for Complexity (non-family, play therapy)	N/A
90846	Family Psychotherapy without Patient	N/A
* 90847	Family Psychotherapy with Patient	N/A
90839	Crisis (1st 60 mins, 30-74 min)	N/A
90853	Group Session	N/A
90840	Add-On Code for Crisis (each additional 30 mins)	N/A

- 4. Claims Submission. I do not submit insurance claims.** Your insurance benefit is a contract between you and your insurance company; I am not party to that contract. Sometimes, insurance companies will reimburse for out-of-network providers and require that you submit a special receipt, typically referred to as a "Super Bill" to document the session and your payment. This is something that I am happy to provide upon request.
- 5. Maximizing your Benefit.** If you inform me which billing codes your insurance company will reimburse for, I am happy to make sure to include all codes that represent an accurate description of our session. This will ensure that you are submitting for the maximum benefit that you are entitled to, as per your contract with your insurance company. For example, some companies will only allow for reimbursement of 90834, regardless of whether or not it was a play therapy session. Whereas, some companies will reimburse for 90834 and 90785 together when it's a play therapy session, and pay out more money because of the extra code.

6. **Good Faith Estimate Notice.** You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees. Make sure I, your health care provider, give you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask me, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit <http://www.cms.gov/nosurprises> or call me at 610-314-0799.
7. **Telemental Health.** In addition to offering reimbursement for in-office visits, some insurance companies are starting to offer reimbursement for phone and/or video sessions. I offer these services in special circumstances and only when I think it will be successful clinically. Additionally, as per my licensing requirements, I can only offer these services if you are physically located in the state of Pennsylvania. **If you request a telemental health session, it is your responsibility to know whether your insurance company will reimburse for this service.**
8. **Missed Payment.** On the rare occasion that you accidentally are unable to provide payment at the time of service, this must be rectified prior to or at the start of the next session. At that time you will be responsible for both the missed payment as well as the payment for the current session.
9. **Non-payment and Collections.** If your account is over **30** days past due, you will receive a letter stating that you have **14** days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid for 60 days, my policy is to refer your account to IC System, a National Collection Agency authorized to credit report all outstanding debts to the four major National Credit Agencies, litigate in a court of law (other legal fees may apply), charge a service fee of \$30, and charge additional collection fees.
10. **Additional Cost of Collection Services.** Invoices shall be deemed to be accepted by you unless Andrea Morganstein, LPC, LLC is notified in writing within 14 days of the invoice being issued that you dispute the amount of the invoice. In the event of non-payment, Andrea Morganstein, LPC, LLC may in addition to the invoice amount charge:
 - (i) Interest on any outstanding amounts from the due date calculated at the statutory penalty rate of 6%.
 - (ii) Legal and debt collection fees incurred by Andrea Morganstein, LPC, LLC in relation to recovery of outstanding amounts.

If any part of your account with Andrea Morganstein, LPC, LLC falls into arrears then the totality of that account whether or not in arrears shall become immediately due and payable.

11. **Cancellations/Missed appointments.** In addition to the fact that I love my job, it is also how I earn my living. If you provide me with advanced notice that you can’t make your session, I will have an opportunity to try to fill the slot with another client. Therefore, I ask that you phone, text, or email (available 24 hours/day) with any cancellations as far in advance as possible. Furthermore, if I am unable to make our appointment for any reason, I will call you ASAP to let you know and reschedule.

In the case of severe weather, or an emergency (e.g., car accident, death in family, ER visit), **or sudden contagious illness** (e.g. vomiting, diarrhea) a late cancellation fee will not be charged, but I do request you call ASAP to let me know that you are ok and will not be coming so I won’t be awaiting your arrival.

I totally understand that things may come up and you may need to reschedule your appointment from time to time. People get sick, work gets busy, etc. My late cancellation charges are designed to offer some flexibility, detailed in the table below. These charges are your responsibility and billed directly to you. Please help me to serve you better by keeping your regularly scheduled appointment or call 24 hours prior to your appointment.

Late Cancellation Fee Schedule	
1 st time cancellation with less than 24 hours notice OR no call to cancel at all	Waived fee
2 nd time cancellation with less than 24 hours notice	\$25 fee
3 rd time cancellation with less than 24 hours notice	\$50 fee
2 nd time or more without any call to cancel OR 4 th time or more cancellation with less than 24 hrs.	\$75 fee
** NOTE: If you have a job that will affect your ability to make your appointment from time to time, please let me know ASAP to see what special arrangements can be made. **	

10. Other charges.

Charge	Rate	Minimum Charge
(i) Returned check charge Please note: Payment to make up for a returned check must be made by credit card or in cash. Once that is paid, you may continue to use checks, if you wish, but I will no longer accept checks as payment after a second returned check occurs.	\$30	N/A
(ii) Completing forms (disability, life insurance, etc.)	\$25 per 15 mins	\$25
(iii) Copying records (except when sent to another health professional), as allowable by current state law	See 46 PA B 7598	\$29.19
(iv) Preparation of letters	\$25 per 15 mins	\$25

My practice is committed to providing the best treatment to my clients. My prices are representative of the usual and customary charges for our area. Thank you for understanding my payment policy. Please let me know if you have any questions or concerns.