

# DAYTON PSYCHIATRIC ASSOCIATES

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## FINANCIAL POLICY

We aim to give you the best possible service at all times. In order for us to do so, we depend on your insurance and co insurance to pay us. We first send your bill to your insurance company for payment. After your primary insurance pays their portion, the remainder is billed to your secondary insurance for the balance. In case where there is no insurance or the insurance only pays part of the bill, we depend on you to pay the balance. If we do not receive adequate payment, we will not be able to continue to treat you.

While most insurance companies can be relied upon for payment, there are others who deny payment for various reasons. Such as:

- Patient has no mental health benefits
- Patient was paid directly, payments cannot be duplicated
- We have no records of your claim( despite the fact the claim has been sent)
- Many other reason or excuses

Many attempts are made to collect payments from the insurance companies. We make every effort to collect insurance payments so as not to burden our patients. However, in case where every effort has been made to collect payment without success, we will bill you for the balance.

Because your appointment time has been reserved for you, you will be charged for cancellations with less than 24 hours (**one business day**) notice for follow up appointment and 48 hours(**two business days**) for new patient appointment.

### No Show Policy

1. There will be \$25.00 charge which is not payable by insurance, for any no show with physician for the follow up appointment and \$ 50.00 (Initial evaluation) for new patient appointment.
2. There will be \$40.00 charge for therapist, for any no show with less than a 24-hours' notice for follow up appointment and \$50 for Initial evaluation.

We are obligated by law "Federal & State" and contract to collect any deductible or co-payment at the time of service regardless of your insurance provider. We accept cash, checks, Visa, MasterCard, American Express, or Discover. Requests for written reports or records may incur additional charges.

Also, there is a **\$40 charge**, for every check that is returned to us for **insufficient fund**.

Our hours of operation are Monday through Thursday 9:00am to 5:00pm, and the doctor on call for emergencies only, not for prescription refills can be reached after hours at 463-1500.

Please sign and date this notice, acknowledging that you have read it, agree it, and continue to authorize treatment with us, assign any insurance benefits, and agree to be responsible for payment of the unpaid balance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_