Financial Policy

Stephanie Moberg, MA, LMFT

INSURANCE VERIFICATIONS - Before the initial office visit, my billing company will contact the client's insurance company to determine specific benefits. We will inquire if there is a deductible, co-pay, co-insurance, what services are covered, and whether or not a referral or prior authorization is necessary.

The information we receive is not a guarantee of the client's actual benefits and is subject to final processing by the client's insurance company. The client is responsible for all fees not covered by the insurance company.

PAYMENT ARRANGEMENTS – Should clients need to make special payment arrangements, please speak with my billing company by calling (360) 805-0323. Payment arrangements are based on the total balance due. Any and all accounts that become 90 days delinquent are subject to collections.

PRIVATE BILLINGS - For clients without insurance coverage, full payment is due at time of service. All clients are quoted a fee for the office visit and are expected to pay at the time of the appointment.

FORMS OF PAYMENT – In addition to cash or check, we kindly accept Visa, MasterCard, and Discovery for payment of services. There will be a $35.00 fee for checks returned for insufficient funds.

COLLECTION NOTICE – I understand that any and all accounts that become 90 days delinquent are subject to collections and may incur a $25.00 collection fee.

Insurance Company:_____ **ID#:**_____

Subscriber Name:_____ **Group#:**_____

_____ **I certify that I am eligible for benefits under my prepaid health benefit plan. In the event that I am later found to be ineligible or in consideration of being treated without proof of eligibility, I agree to pay for any and all services provided by my individual practitioner based upon regular fees then in effect.**

_____ **I understand that all Co-pays will be due at the time of service and that all non-covered, co-insurance, and Deductible amounts must be paid within 30 days of receipt of notice from my insurance or Prestige Medical Billing Company.**

_____ **I grant permission to Prestige Medical Billing Co., Inc. to submit claims on my behalf to my insurance carrier for services provided by Stephanie Moberg.**

_____ **I authorize the release of any medical or other information necessary to process my claims.**

_____ **I authorize payment of medical benefits to Stephanie Moberg directly from my insurance carrier.**

Psychiatric diagnostic interview (90791)	**$200.00 – 60 minutes**
Individual Session 30 min. (90832)	**$75.00 – 20-30 minutes**
Individual Session 45 min. (90834)	**$120.00 – 45-50 minutes**
Individual Session 60 min. (90837)	**$150.00 – 55-80 minutes**
Family Session w/ Patient Present (90847)	**$175.00 – 60 minutes**
Family Session w/out Patient Present (90846)	**$175.00 – 60 minutes**

Forms and letters outside of appointment	**$150.00/hour, billed in increments of 15 min.**
Letters for attorneys billed at separate rate	**$250.00/hour**
Clerical fee for searching/handling records, per WAC	**$23.00**
Pages 1-30 (copying fee), per WAC	**$1.04 per page**
Pages 31+ (copying fee), per WAC	**$0.79 per page**
Editing of confidential information, per WAC	**$150.00/hour**
Returned check fee, plus original amount due	**$35.00**
No show or late cancel fee for follow-up clinic visits	**Equivalent to your appointment Charge**
Collection Fee	**$25.00**

I have read and understood the above information and have been provided with a copy at my request.

Patient Signature or Parent/Guardian (if under 18 years of age)	**DATE**
Patient Name	**Patient D.O.B.**