

ORLANDO PSYCHIATRIC ASSOCIATES INC.

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OFFICE FINANCIAL POLICY

PLEASE READ THOROUGHLY AND SIGN

- **UPON ARRIVAL:** To avoid delay we ask that you pay any deductible, co-pay, non-covered services, or percent of your responsibility. Doing so while waiting to be seen will save you time at the check-out desk.
- Please be thorough with your insurance information if you expect us to file for you. Bring your insurance card with you.
- As a courtesy, we will file your insurance. It is your responsibility to make sure we receive prompt payment from them. It is useful to maintain frequent contact with your insurance carrier to make sure they are paying as they should. It is at our discretion that we will charge your account with a rebilling fee if we must refile balances over 45 days old. This fee will be payable to you.
- If your insurance denies payment on your account you will be asked to pay by check, cash, or credit card. If you do not pay in a timely fashion, your account may be subject to a monthly finance charge and turned over to a collection agency. If you do not agree with the denial it is your responsibility to pay for services and take it up with your insurance.
- **MEDICARE PATIENTS:** We are participating Medicare providers. We will bill Medicare as well as some secondary insurance, but if payment is not received from your secondary insurance within 45 days, you will be notified and must pay our office the balance due. You must then contact your secondary insurance to pay you for the balance you paid our office.
- **MOTOR VEHICLE ACCIDENT & WORKERS COMPENSATION PATIENTS:** You are responsible for making sure the appropriate information for your carrier is provided to us. If the proper information is not provided upon check-in you will be asked to pay in full. We will provide the appropriate information for you to file the claim yourself.
- **SELF PAY PATIENTS:** This category includes those people with no insurance and patients who have an indemnity plan and wish to file their own insurance. Payment for medical services is expected on the day the services are rendered. We accept Visa, MasterCard, checks, cash, and money orders. Initial psychiatric evaluation by a psychiatrist: \$250. Medication management: \$100. Therapist initial evaluation: \$100. Follow up therapy sessions: \$75. Other services such as psychological testings, paperwork for disability, psychiatric evaluations for the court, DCF, disability, etc. will be billed separately. Please contact our staff for more information about our fee schedule.
- If you cannot make your appointment as scheduled, you need to notify us 24 hours ahead. Otherwise, you will be billed for the normal appointment fee. If you miss three appointments in a 6-month period without giving 24-hour cancellation notice, your services can be terminated by Orlando Psychiatric Associates.

If you have any questions regarding this policy please ask prior to being seen by the physician.

Patient or guardian

Date