Biological Psychiatry Center, P.C (BPC) financial policy describes the patients and practices financial responsibilities. We are committed to providing our patients with the best possible medical care and also to minimize administrative costs. This policy has been established with these objectives in mind and to avoid any misunderstanding or disagreement concerning payment for professional services.

* BPC participates with numerous insurance companies and will submit a claim for services rendered. It is the patient’s responsibility to provide us with current insurance information. Copies of Insurance cards and ID should be emailed to [forms@bpcpc.com](mailto:forms@bpcpc.com) prior to the scheduled appointment or can be brought with you to your scheduled appointment. In the event that the insurance cannot be verified either prior to or at the time of the appointment, we will ask that services are paid in full at time of visit. If payment cannot be made, we will ask that your appointment be rescheduled.
* If our office does not participate with your insurance, we will file a claim upon request however payment in full is expected at time of service.
* **Our office does not accept any form of Medicaid, whether primary, secondary tertiary, etc**… Patients with Medicaid that choose to be seen in our office acknowledge that they will be responsible for all balances. If you apply for Medicaid while in treatment, you will inform the office so appropriate referrals can be made for your to seek treatment at an in-network office.
* It is the patient’s responsibility to pay any deductibles, copayments, or any portion of the charges as specified by your insurance plan including non-covered services at the time of visit. If payment is not made at the time of service, a $10 service charge will be charged to your account.
* Majority of insurance carriers place restrictions that they will not cover individuals’ claim that see a therapist and psychiatrist on the same day. If you chose to see a therapist and psychiatrist on the same day, and your insurance carrier denies claims, you will be responsible for payment in full for services rendered.
* It is the patient’s responsibility to remember their appointments, reminder emails, texts and calls are a courtesy. If you do not cancel with at least a 24-hour notice with MD/DO or 48 hours with a therapist and/or no show for your scheduled appointment with your clinician, charges will be as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| MD/DO | 15-minute appointment $50 | 30-minute appointment $100 | 45-minute appointment $150 |
| Therapist | 1 missed appointment $50 | 2ND missed appointment $100 | 3RD **+** missed appointment – Full Fees |

* Our cancelation policy will be strictly enforced. The cancelation/no-show charge cannot be billed to your insurance company. You will be responsible for paying the fee prior to being rescheduled. In addition, **if you miss 2 or more consecutive appointments, you may be discharged from the practice for non-compliance**.
* Completion of Insurance and other paperwork are not a covered benefit under medical Insurance plans. A $25 per page fee will be charged for the completion of paperwork.
* Our office coordinates care with Primary Care Physicians and other healthcare specialists. Please know request for letters not to relating to coordination of care will incur a $25 fee and must be paid when requested.
* Payment for services can be made in person, by phone (586) 773-6020 or online at [www.bpcpc.com](http://www.bpcpc.com). Payment methods accepted are cash, check or credit card.
* We will send a maximum of two statements in an attempt to collect any unpaid balances. Finance charges will be added to your account if a balance is 60 days past due. If the account is referred to our collection agency you and your family member will be dismissed from the practice. In the event this action occurs, you will be asked to pay the entire balance in full and any additional costs to the practice incurred from the collection agency before any future appointments can be considered.
* Our staff is happy to help with any insurance questions relating to how a claim was filed, or regarding any additional information needed to process the claim. Specific coverage issues however can only be addressed by the insurance carrier’s member services department. (Phone number should be listed on back of your insurance card.)
* The adult accompanying a minor and parents or guardian of minors are responsible for payment at the time of service. For any unaccompanied minors, payment must be made prior to the scheduled appointment unless prior arrangements have been made with the billing department.

Our practice firmly believes that a good physician-patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to the practice. We are here to help you.