



LOUDOUN PSYCHOLOGICAL SERVICES

Welcome New Patient!

Thank you so much for selecting our practice as a provider for your mental and behavioral health care needs. We look forward to getting acquainted with you soon! As a new patient, there is some necessary information that we will need to obtain from you prior to your appointment. Following these easy steps should make the process go smoothly.

1. Please print and complete then sign the necessary or applicable forms. They should be completed prior to your arrival at our office. If you are not able to, please arrive an extra 10-15 minutes BEFORE your appointment time in order to check-in and do paperwork.
2. If you have Health Insurance – We will be happy to file your insurance claim for you, and will accept Assignment of Benefits for the estimated portion that your carrier will cover, but to do so we must verify your insurance a few days prior to your appointment. At the time you called our office to schedule your visit, we should have obtained your insurance information but if we failed to do so please notify us 1-2 business days before your visit. If you are uncertain, please call our office (703) 297-4368 prior to your appointment to verify we have received all necessary information and that your health insurance has been confirmed.
3. On the day of your visit: Office Services, Deductibles and/or Co-Payments are due at the time of your visit and can be made by Visa, MasterCard, Discover, American Express, Personal Check or Cash. Please bring the completed Patient Registration Forms, and your health insurance card and present it to the receptionist upon arrival. If you do not have a health insurance card, please let us know. Be prepared that even with Health Insurance Benefits, there may be a Deductible and/or Patient Co-Payment that will be due at the time of treatment.

Note: Please make sure you read, sign and bring with you the second page below.

4. If you will be more than 20 minutes late for your appointment, please call our office to verify that your appointment can still be accommodated. We are looking forward to meeting you and helping you with your mental and behavioral health needs.

Thank You.

**Eric Zelsdorf, LCP
Loudoun Psychological Services**

Regarding Insurance:

If you have health insurance, we will gladly file claims for your treatment once your coverage and benefits have been verified. Your estimated co-pay and deductibles will be collected at each visit. These numbers are only estimates, as your insurance company is unable to provide exact information to us because your insurance policy is a contract between you, your employer and your insurance company. We are not a party to that contract. **Regardless of what the insurance policy pays or does not pay, I understand that I am fully responsible for any unpaid balance not paid by my insurance. By signing below, I agree to these terms.** I authorize my insurance company to make payments directly to **LOUDOUN PSYCHOLOGICAL SERVICES** on my behalf for treatment rendered. **I fully understand that any quoted costs are estimates only, and the patient portion may change if treatment changes or, if the insurance pays more or less than estimated.**

Signature of Patient/Parent or Guardian _____

Date: _____

Financial Agreement:

1. I understand that all deductibles and co-pays are due at the time of my appointment. I understand any balances left on my account after insurance pays are my full responsibility.

*We will gladly file claims as a courtesy to our patients. We will accept assignment for payment as long as the patient agrees to pay the balance after insurance has paid. We try our best to estimate co-pays & deductibles that are due; however, it is impossible for us to know every insurance plan. We ask our patients to be proactive in knowing how their insurance plan pays and if necessary, be willing to contact the insurance company on their own behalf in order to resolve a claim dispute.

2. There will be a \$35 fee for returned checks. In the event of a returned check, I understand that I will no longer be able to pay by check in the future.

3. I understand that after 90 days, regardless of whether my health insurance claim has been paid or not, my account must be paid in full. Any account left past due or unpaid will be subject to being turned over to a Collection Agency. If it becomes necessary to take these additional steps to collect, I understand that I will be held responsible for ALL costs incurred (i.e. collection fees, court costs, attorney fees, etc.) Further, I understand that by allowing my account to fall delinquent to these measures I may jeopardize and possibly sever my professional relationship with Loudoun Psychological Services.

4. I understand that when an appointment is made for me, the time is held specifically for me. I will give a **24-HOUR NOTICE** if I need to cancel or change the appointment. If this notice is not given, I will be charged **\$75** for each appointment hour of time that was held for me or my family member(s).

**We accept Cash, Personal Checks with Proper ID, Care Credit*, and all Major Credit Cards for payment.

Patient/Parent Name (printed): _____

Patient/Parent Signature: _____

Date: _____

Late Cancellation Fee/Missed Appointment Protocol/Policy

With the exception of Medicaid and Medicare clients, a late cancellation/missed appointment fee of \$75.00 will be assessed to all clients who call to cancel their appointment by phone, text or email less than 24 hours prior to their scheduled appointment or miss their scheduled appointment.

Any client who is able to reschedule their appointment within the same week will not be assessed a late cancel or missed appointment fee. However, any client who cancels their rescheduled appointment will be charged a missed appointment fee of \$75.00

Unless a late canceled or missed appointment is rescheduled in the same week, all Medicaid and Medicare clients who cancel two consecutive scheduled appointments by phone, text or email less than 24 hours prior to their scheduled appointment or miss two consecutive appointments will be removed from their scheduled appointment time, and will have to call each week to schedule an appointment with their therapist. Calling for a weekly appointment will remain in effect until your therapist determines you are ready to be put back on a regularly scheduled appointment time.

Any client who has 4 consecutive missed appointments, could at the discretion of their therapist be at risk for having their case discontinued.

Any client who arrives 20 or more minutes late for their scheduled appointment, could at the discretion of their therapist have their appointment canceled and be charged a missed appointment fee of \$75.00.

With the exception of Medicaid and Medicare clients, any fees owed for late cancellations or missed appointments are expected to be paid prior to your next appointment. If you are unable to pay your full late cancellation or missed appointment fees, LPS is willing to create a mutually agreed upon payment plan. Clients are directed to speak to their therapist to develop a payment plan.

With no exception, any client who fails to pay their late cancellation or missed appointment fees in full or in good faith payments as part of a mutually agreed upon payment plan, is at risk of having their services discontinued, as determined by their treating therapist.

No client will be allowed to have a 90-days past due balance of \$500 or more.

Once LPS is clear that a client's past due balance of \$500.00 or more is their sole responsibility and no longer the responsibility of their insurance provider, the client will speak with their treating therapist to discuss the amount owed and develop a plan for paying off their balance. At this time all services will be discontinued until such time that the client's past due balance is paid in full or the client has made a good faith effort to reduce their past due balance according to the payment plan they have developed with their therapist.

Without exception, at the discretion of Loudoun Psychological Services, any past due balance that exceeds 90 days and has been clearly determined to be the sole responsibility of the client will be processed for intervention by a collection agency.