



Professional Policy and Procedure Agreement

Please read the following information very carefully as it describes the policies, procedures, and related practices to be followed as a part of therapy services provided by Dr. Sari Roth-Roemer at Intuitive Psychology, PLC. This information is provided for your benefit and to facilitate your understanding of our policies and procedures as they apply to you. Please feel free to ask questions if you need to understand more about this relationship. After reading this material, please indicate your understanding and approval by signing this document, and returning it to our office.

PAYMENT POLICIES

Dr. Roth-Roemer is an Arizona State licensed doctoral level psychologist. ***She is a fee for service provider. This means that you pay for your services at the time you receive them and we will provide you with a superbill to collect reimbursement from your insurance company.***

We encourage every patient to verify their benefits for psychological services with their insurance company prior to their first appointment, so you will have a clear understanding of your benefits for out of network psychological services and what your financial responsibility will ultimately be. It is your responsibility to obtain any necessary pre-authorizations required to see Dr. Roth-Roemer before your scheduled appointment.

Insurance companies classify us as an out of network provider. We collect full payment at the time of your visit and then your insurance company will reimburse you directly after you submit your charges to them. We do not bill any health insurance companies directly. We provide you with a receipt to submit to your insurance company for reimbursement. The receipt contains all the information a health insurance company would need to reimburse you for your visit.

Reimbursement for psychological services are based upon your individual out-of-network benefits and coverage. Depending on your out of network benefit, you may be reimbursed for up to 80% of the appointment. Also, if you plan on billing insurance for reimbursement of your visit, you may need to obtain a prescription from your physician prior to your first appointment to document medical necessity. If you do not plan on getting reimbursed from your insurance company, you will not need a prescription. For more assistance, please refer to our insurance billing worksheet to use when you contact your insurer.

Intuitive Psychology, PLC

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It is your responsibility to check to see what your out of network coverage is prior to your appointment with Dr. Roth-Roemer.

As noted in your intake phone call, Medicare patients may not seek reimbursement from their insurance company. Dr. Roth-Roemer has opted out of Medicare and is not a Medicare provider. If you are a Medicare patient you will not be able to seek reimbursement from Medicare or any other secondary insurance company. This is a Federal rule that must be adhered to. You will be provided with an additional Medicare beneficiary contract to complete and sign on the day of your appointment.

TELEPHONE THERAPY

When therapy is provided over the telephone during or after office hours, you will be responsible for paying for these therapy services. Many medical plans do not cover these types of services and you should know that you may not be reimbursed.

CANCELLATIONS

If you need to cancel an appointment, at least 24-hour notice is required. As a courtesy, our office will confirm appointments the day before the scheduled appointment. *Please note, if you do not cancel at least 24 business hours before your appointment time, you will be charged the full appointment rate for the missed appointment.*

ACKNOWLEDGEMENT OF UNDERSTANDING

I have read the information contained in the policies and procedures for Intuitive Psychology, PLC psychological services and acknowledge full responsibility for any charges incurred by me and or my family, regardless of insurance eligibility. A photocopy or facsimile of this authorization will be considered as valid as the original. I understand that I am financially liable for payment for services rendered. I agree that I will pay in full for services rendered at the time of service.

Patient/Guarantor Printed Name

Patient/Guarantor Signature

Date