



Quarternote Counseling, LLC
9255 Center Street, Suite 200
Manassas, Virginia 20110
(O) 703-675-5361 (F) 703-361-1540

Notice of Financial Policies

1. Insurance

Quarternote Counseling is an in-network, participating provider with the following insurance companies (accurate as of the last revision date shown in the bottom-right corner of this document):

- Anthem BlueCross BlueShield (including Anthem HealthKeepers, Anthem HealthKeepers Plus and Anthem Federal Employee Program)
- CareFirst BlueCross BlueShield
- Out-of-state BlueCross BlueShield policies
- Molina Complete Care of Virginia
- Virginia Medicaid

Quarternote cannot and does not guarantee insurance coverage. Quarternote will make every effort to verify your coverage prior to your first visit with our practice as a courtesy. However, knowing your insurance policy's coverage and any applicable requirements or restrictions of your coverage is your responsibility. You must provide a copy of a current and valid insurance card at the time of registration. If your insurance coverage changes and/or is terminated for any reason during the course of your therapy with our practice, you are responsible for providing new insurance policy information that is able to be verified as valid and effective at the time services are/were rendered. Any session(s) unpaid by the insurance company due to policy termination will be your full financial responsibility, as well as all fees for any sessions thereafter until insurance coverage is again in effect. Please contact your insurance company with any questions you may have regarding your coverage. _____ **(Please initial)**

2. Co-payments and Deductibles

All applicable co-payments and/or co-insurance payments are due from you at the time of service per our contract with your insurance company. If your insurance policy carries a deductible, and the deductible has not been satisfied at the time service is rendered, you are responsible for paying the full contracted amount for that service per our contract with your insurance company at the time service is provided. These payments towards your deductible are required until your insurance company indicates via their remittance advice to us that the deductible has been satisfied. These payment requirements are part of your insurance policy and are required to be collected by Quarternote per our contract with your insurance company. The payment amount(s) due from you as co-pay/co-insurance/deductible are non-negotiable and cannot be waived. _____ **(Please initial)**

3. Non-covered Services

Some services provided by our practice may not be covered by every insurance plan. While we strive to confirm in advance our clients' coverage for services that may potentially be rendered, we have no guarantee or way of knowing in advance what service(s) may be deemed non-covered. In the event of a

denial of payment from your insurance company due to non-covered services, these charges will be your responsibility.

4. **Claim Submission**

Your insurance benefits are a contract between you and your insurance company. Your signature below authorizes Quarternote to submit claims, either electronically or via paper, to your insurance company on your behalf. Your insurance company may request additional information directly from you in order to process a claim. It is your responsibility to comply with their request(s) in a timely manner. _____

(Please initial)

5. **Refund Policy**

On occasion, Quarternote may collect payment(s) from you at the time of service (per section 2 of this document), that ultimately result in being an “overpayment” on your account (referred to as “account credits”). The most common reasons for account credits are:

a) due to changes in your insurance policy’s coverage and benefits
and/or

b) deductible payment(s) made by you on the date service(s) was/were rendered, but upon claim processing by your insurance company, the deductible being deemed “satisfied”. These timing overlaps result in your financial responsibility for the date(s) in question being lessened per the remittance advice we receive from your insurance company and some portion of the amounts(s) paid by you becoming account credits.

In these instances, Quarternote administrative staff will contact you immediately upon receiving the remittance advice to inform you of the account credit that has come into existence on your account. You will be asked to request that Quarternote either:

a) leave all, or a portion, of the account credit on your account for use as payment(s) for future sessions
or

b) issue a refund to you for either the portion of the account credit not being left on your account or the full amount of the account credit.

In the event of account credit being left on an account for future use, the funds must be used at the next scheduled date(s) of service(s) until the account credit is exhausted. In the event of an account credit being refunded, either in whole or in part, the client may request that the refund be issued via check or by refunding the credit/debit card(s) used at the time of the original payment(s). Please note that refunds issued via check may only be issued directly to the client (or, in the case of a minor client, the financially responsible party) and refunds issued to credit/debit cards may only be issued to the card(s) used for the original payment(s).

6. **Billing Cycle/Client Statements**

Quarternote employs a 30-day billing cycle. Client statements are generated on or near the 1st of each month and sent to all clients who have a balance on their account. Payments on account balances are due no greater than 30 days from the statement date. Payment plans are available upon request if assistance is needed, or in the event of a “high balance account” as defined in Section 7 of this document.

7. **High-Balance Accounts**

Any balance on your account is your responsibility regardless of insurance payment or denial. If, at any time, the balance on your account reaches \$100 or greater, you may not be eligible to receive further services until the balance on the account is less than \$100. Failure to make payment and/or establish and comply with a payment plan will result in Quarternote providing the client with referral to another practice/therapist. _____ **(Please initial)**

8. No-Shows and Cancellations

When cancelling a scheduled appointment, notice of the cancellation is required to be provided directly to the therapist no later than 7:00pm on the day prior to the appointment in question. A “no-show” is defined as a client failing to attend a scheduled appointment and failing to provide the therapist with a notice of cancellation. All no-shows and all cancellations occurring later than 7:00pm on the day prior are subject to a fee of \$60, which will be applied to the client’s account. This charge is the client’s responsibility and is not billable to insurance. **(Not applicable for Medicaid-covered clients)**

Inclement weather policy: In the event of inclement weather Quarternote Counseling will follow the decision of the Federal Government (for non-essential employees) pertaining to whether the office is open or closed. This will be determined on a day-by-day basis. In the event of our office being closed due to inclement weather, sessions not attended that day will not incur the \$60 fee, and will not count towards the “Attendance Policy” outlined within the Informed Consent form. _____ **(Please initial)**

9. Returned Check Fee

In the event of a check being returned to us by your financial institution, a \$30 fee will be assessed in addition to the original fee(s) due.

10. Documentation Fee

The fee for requested and additional documentation is \$120/hour, or a prorated portion thereof.

11. Fees for court and/or legal-related services

The fee(s) for services being provided for the purpose of legal-related issues are as follows:

11a. Documentation for court/legal purposes: The fee for documentation being provided for the purpose of court and/or legal matters is \$120/hour, or a portion thereof. This fee will be charged as outlined in the section above. Additionally, any documentation a client requests from our practice for the purpose of submitting to a court or legal review process will need to be reviewed by Quarternote’s attorney prior to being signed by the therapist. The fee for the attorney review process is \$400/hour, or a portion thereof. This fee is not reduced per the sliding scale and will be charged in full based on the amount of time spent by the attorney reviewing the requested documentation.

11b. In-person testimony: The fee for testimony provided by a Quarternote staff member is \$150/hour or a portion thereof. This fee includes the staff member’s testimony preparation time, travel time and total time spent within the courthouse from the time of arrival to departure. This fee is not reduced per the sliding scale and will be charged in full based on the amount of time spent by the Quarternote staff member preparing for and delivering testimony.

12. Medical Record Fees

Fees for the fulfilment of medical record requests are as follows: **For paper copies of records:** \$20 flat administrative fee. \$0.50 per page up to 50 pages, then \$0.25 per page thereafter. Postage fees may be included if paper records are being mailed. **For electronic copies of records:** \$20 flat administrative fee. No per-page fee. Actual fees for medical records will be determined once the request for the records has been received and the appropriate fees have been totaled.

13. Case Management Fees

If extensive case management time (defined as over 15 minutes per week) is directly requested by you of your assigned therapist, a fee of \$120/hour (prorated into 15-minute increments) will be applied. The payment for this fee is due directly from you and will be added to your account. This fee will be charged based on the amount of time spent by therapist performing case management tasks per your request. **(Not applicable for Medicaid-covered clients)** _____ **(Please initial)**

14. Payment Method(s)

Payment is accepted in the form of cash, personal check and credit/debit card. Credit and/or debit cards may be used and charged at each session by the therapist or a member of the office staff via manually entering the card information at the time of the session. In these instances, the card must be presented at the time of payment. If desired, a credit and/or debit card may be stored on file electronically on the client's account for automatic processing of applicable charges. This authorization will be in the form of a completed and signed "Credit Card Authorization" form (separate from this document), and must be signed by the cardholder, even if the cardholder is not the client. Additionally, clients may pay account balances online within their "Patient Portal" account. Credit/debit cards used for payment via the portal are one-time payments and the credit/debit card used will NOT be stored on file electronically.

I have read the above information and I acknowledge and agree to these terms and fees by providing my signature below.

Name of Client: _____ **Client DOB:** _____

(For minor clients only) Name of client's parent/legal guardian: _____

(For minor clients only) Relationship of parent/legal guardian to client: _____

Signature of Client/Parent/Legal Guardian: _____

Date: _____

I have received a copy of this document (please initial) _____