



Financial Agreement and Fee Policy

Please review this Financial Agreement and Fee Policy.

Self-Pay/Insured Out-Of-Network

Not applicable to clients covered by insurance plans we are in-network with. A self-pay client is either uninsured or has an insurance plan that is out of network. Self-pay clients pay in full at the time of an office visit for our services and we are not required to file a claim or submit any documentation to a third party. As a self-pay client you understand that you will be responsible for all charges related to the services provided to you by InSight Treatment Services. You understand that the charges presented to you are due in full on the day of service.

Insured In-Network

InSight Treatment Services is required to file a claim for reimbursement for our clients who are covered by insurance plans we are in-network with due to the contracts we have with these insurance plans. We will file claims to your insurance company for the services that are provided by our office. In order for the claims to process correctly, please ensure that the information that is provided to our office is accurate and current. If there is a change in insurance information please let us know immediately. We will submit claims to a secondary insurance as long as we are given the information and we are in-network. Coinsurance, copayments, and deductibles vary for each insurance policy and we can only approximate the percentage covered by each plan.

A copy of your insurance card is required at the time of the initial service. Oftentimes, behavioral health benefits are under a separate company and we must contact them to verify the necessity of an authorization. If a copy of the card is not on file at the initial service and the claim is denied for “no authorization”, you will be responsible for the payment. Please contact your insurance company to verify that the provider you are seeing is appropriately covered. It is ultimately your responsibility to verify coverage for your particular plan. If the insurance company denies the claim for a plan provision, you will be responsible for the balance. Medical insurance coverage is a contract between you and your insurance company. We are not a party to this contract. We will not be involved in disputes between you and your insurance company regarding deductibles, copayments, covered charges, and or secondary insurance coverage. You are ultimately responsible for the timely payment of your account balance with InSight Treatment Services.

As an insured client you understand that you will be responsible for all charges (coinsurance, copayment, deductible) related to the services provided to you by InSight Treatment Services. You understand that the charges presented to you are due in full on the day of service. You agree to allow Insight Treatment Services to bill your insurance directly.

Fees for Our Direct Contact Professional Services

Intake /Initial Consultation -----	\$150.00
53-60 Minute Therapy Session -----	\$120.00
38-52 Minute Therapy Session -----	\$90.00
16-37 Minute Therapy Session -----	\$60.00

Fees Not Covered By Insurance

Canceled appointment without 24 hours notice-----\$25



InSight Treatment Services LLC

Empowers & Inspires Wellness

No Showed Appointment ----- \$50.00

Medical Records Request* ----- \$1.50 for the first 20 pages, \$1.15 pages 21-60, \$.40 for pages 61+

*Rates set per 42 Pa.C.S. §§ 6152, 6152.1, and 6155 (relating to a subpoena of records, a limit on charges, and the rights of clients). The request rate applies to all nonmedical requests. Records requests are sent by certified mail, an additional amount will be charged to the requester based on the courier.

Case Management* ----- \$100.00/per hour (pro-rated per 15 min)

*Case Management includes indirect services we provide outside of session times such as writing progress summary letters, consultation made at your requests, and completing forms for other providers. On occasion, if we are requested to testify or be present in court proceedings on our client's behalf (ie a subpoena from the court) the time billed will begin from the time of departure and cost of commuting to (mileage, airfare, train, or otherwise) the location for completion of the testimony/or time required to be present.

Mileage* ----- \$.58/mile

* To and from the location presence is requested.

Phone Consultation ----- \$100.00/per hour (pro-rated per 15 min)

Non-Sufficient funds (bounced check) ----- \$25.00

Past Due Accounts* ----- \$15.00 per month

*Amounts past due by more than 30 days Past invoice date will incur a late fee per month of \$15.00.

Payment Methods And Other Information

InSight Treatment Services LLC accepts cash, check, major credit cards, health savings accounts, and ACH bank payments. You are expected to pay for the cost due whether it is each session in full or your insurance co-payment/co-insurance at the time of your appointment. Accounts that are past due may be turned over to a collection agency and InSight Treatment Services has the right to discontinue treatment with a client who has a balance past due and isn't in the process of making payments towards this balance. We are committed to providing you with the best possible care and we are willing to discuss our professional fees at any time. Your clear understanding of our financial agreement is important to our relationship to protect both the client and the provider. Please ask if you have any questions about our fees.

InSight Treatment Services files insurance claims as a courtesy on your behalf. If your insurance company denies a claim filed on your behalf, you are responsible to pay InSight Treatment Services the amount denied by the insurance company.

You acknowledge that you have read and agree to the above financial agreement.