

BRADLEY D. POWELL, Ph.D.  
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### **Financial Policy:**

The following information is provided to communicate our financial policies and to help patients better understand some of the more complicated aspects of billing and health insurance. We recognize that health insurance/behavioral health insurance plans can be very difficult to understand. If you have any questions or concerns, please ask.

#### Payment:

Payment is due at time of service. Applicable co-payments, deductibles, and co-insurance must be paid at each appointment. All other financial arrangements are made on a limited, individual basis. When there is a balance due on your account, you will receive a monthly statement.

#### Health Insurance:

Dr. Powell is a provider for many different insurance plans and has arrangements with these companies to accept an assignment of benefits.

It is the patient's responsibility to provide insurance information (current insurance cards, etc.) to us. If you have any new information or changes in your plan, it is your responsibility to let us know. If we have the wrong information, then your insurance company will not pay the claim and it will become your responsibility. *Please understand that though a patient may have insurance coverage, or a card, it is ultimately the patient's responsibility to pay the bill in total* as some insurance plans have high co-pays and deductibles that are to be paid by the patient. Please verify your coverage before being seen.

Pre-Authorization: If your insurance company requires prior authorization for assessment/testing, you will be notified. Depending on the insurance company, this pre-authorization process can take up to a week (sometimes longer). We will work with your insurer to expedite these authorization requests.

#### Co-Pays:

Co-pays are the amount an insurance company requires the patient pay at the time of service. Co-pays are to be paid upfront before a patient can be seen as requested by insurance plans. Please understand that a co-pay may only be part of your responsibility and your share may be more after the visit is filed with your insurance company. For example, if you have a plan with a high deductible, you will be responsible for the total cost of your bill until that amount is paid.

#### Deductibles:

Deductibles are the amount of money that must be paid by the patient before the insurance company begins to pay. This is the patient's responsibility. Often, we will not know if you have a deductible or how much it is until we receive the EOB (Explanation of Benefits) from your insurance company that informs us of your deductible and responsibility of payment. Your payment is expected in full at the time the EOB is received. A copy of the EOB is usually sent from your insurance company to you with "patient responsibility" or "due from patient" marked on it that shows how much your insurance company will pay and how much you owe.

#### Adjustments:

Different insurance companies have contracted with Dr. Powell and set the exact amount they pay for a given level of service(s) for a visit. This amount differs between insurance companies, and as a result we will not know the exact amount until the EOB is received. For example, Insurance Company A may have agreed to pay us \$80 for a session. If our usual and customary fee for that session is \$100, a \$20 adjustment will be made, and the total charge will be adjusted to \$80. If you have not met your deductible or if your insurance company deems it your responsibility to pay us, then you will owe us the

\$80, and not the full \$100. This is why we often cannot quote you exactly how much your total bill will be at the time of service.

Outstanding Balances:

We understand it may be difficult to pay your entire bill at once. If this is the case, please talk to Dr. Powell so every effort can be made to work out a solution. If an outstanding balance exists for an extended period of time, the balance will be forwarded to a collection agency, and you will be dismissed as a patient.

Missed Appointments:

All services are available only by appointment. If it is necessary for you to cancel or reschedule an appointment, please give notice at least 24 hours in advance of your scheduled time.

Late For Appointment:

If you are late for your appointment, please understand that on a fully scheduled day Dr. Powell may not be able to see you. Most likely you will have to be rescheduled.

Medicaid:

Medicaid patients will be treated the same as any other insurance, except for the fact that Medicaid rules mandate that the patient show their current and up to date card at each visit. If you do not have your card for that month, you will need to get it before you can be seen, and will most likely need to be rescheduled.

Self-Pay (NO INSURANCE) Patients:

We welcome self-pay patients. Typically the evaluation/testing process can be completed much quicker for self pay patients as insurance does not have to be pre-authorized and processed.

\*Usual and Customary Fees:

- Initial clinical interview \$130
- Assessment/Testing (typically 3-5 units of testing required) \$120/per unit
- Therapy/Consultation session \$100

\*For patients with insurance, the actual fee amount(s) are adjusted depending on the contracted assignment of benefits between Dr. Powell and your insurance company.

*I have read the financial agreement policy stated above, and I understand and acknowledge that counseling and psychological services rendered and charged to the patient are the responsibility of the patient and/or guarantor.*

*I hereby guarantee payment in full for services rendered by Dr. Powell to or on behalf of the patient. Patient and/or guarantor agrees to pay for services at the time they are rendered or according to our fee arrangement. Should collection efforts be necessary, all agency and/or attorney fees incurred will be the responsibility of the patient and/or guarantor. Your signature also authorizes release of any information necessary to process insurance claims and for the benefits to be paid directly to Bradley Powell, Ph.D. for any and all service dates.*

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Patient/Guarantor Signature

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Date