

Financial Responsibility

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As a courtesy to you, I will use Ryan's Receivables, a billing service, to bill your insurance company for my services. Please understand that you are financially responsible to pay for services you receive regardless of whether the insurance company pays for them. You are responsible for calling your insurance company to obtain prior authorization, should it be necessary. Additionally, I ask that you call your insurance company to verify that I am considered a provider for your plan. At that time, please ask how much your co-pay will be for behavioral health and find out if you have an unmet deductible. The phone number should be on the back of your card. You are required to pay for any co-pays, waivers and meet your deductible before your insurance will pay for services. Co-pays are due at the time of service. I accept cash, checks, credit cards, HSA cards and debit cards. I will use a collection agency to collect on outstanding balances if you make no effort to pay them.

In order to secure your appointment time, I require a credit card. Should you fail to attend your first appointment without cancelling 24 hours in advance your credit card will be charged \$75.00. Additionally, your credit card will be charged for any unmet balances should you fail to pay your bill after the conclusion of treatment. Credit cards processed with manual entry are also charged an additional \$2.00 fee to cover my cost for offering you this service.

By signing and dating this form you are stating your agreement to these terms. You are giving me permission to share billing information with Ryan Receivables. This billing service is in full compliance with all laws regarding confidentiality and HIPPA guidelines. They use the utmost discretion.

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Signature

\_\_\_\_\_  
Date