

Janice Motoike, Ph.D., P.L.L.C.
OFFICE FINANCIAL POLICY

FEES FOR SERVICE: This office accepts cash, checks, money orders, and credit/debit cards as methods of payment. All co-pays, deductible amounts, and private pay fees are due **at the time of the appointment**, unless other arrangements have been made in advance with Dr. Motoike. We make every effort to keep down the cost of your medical care. You can help by paying billing from this office **within 15 days of receipt**. After 30 days, **a late charge of 1.5%** will be accrued to your account. After 60 days, we may report the delinquency to credit agencies and may engage alternative collection options. If this occurs, you will be responsible for all fees, late charges, legal, and administrative fees associated with the collection of this debt.

CANCELLATION POLICY: Please give at least **24 hours (1 business day) notice** if you need to cancel or reschedule an appointment. Your clinician has reserved that time specifically for you. Contact Dr. Motoike at (480) 313-3080 if you need to cancel or reschedule your appointment time. **If adequate notice is not given, a \$75.00 FEE** will be assessed to your account. **Insurance companies will not pay for missed appointments**, and it will be the patient's responsibility to pay the missed-appointment fee in full.

RETURNED CHECKS: This office will assess a **\$25.00 Returned Check Fee**. Patients will be required to pay the outstanding balance and check fee in cash or money order.

RECORDS: This office will charge a **\$25.00 Copying Fee** for the copying of medical records up to 50 pages. After 50 pages, there will be an additional \$.10 per page fee and \$25.00 per hour administrative time fee for the copies.

BILLING INFORMATION: The Patient is required to provide **all necessary information** for billing purposes, but not limited to **dates of birth, social security numbers, and physical addresses** for the **patient, spouse, and/or responsible party**, (i.e. Insurance Holder). Refusal of this information will result in the Patient or the Insurance Holder being fully responsible for **all fees at the time of service**. This includes contacting your insurance carrier to confirm whether you have secondary insurance or insurance company's failure to reimburse.

USUAL AND CUSTOMARY FEES: The initial few sessions of treatment will involve an evaluation of the problem that led you to seek treatment, requiring a **60-90 minute** meeting hour at the **Evaluation Rate of \$200.00**. If your insurance (or EAP) does not reimburse for an extended session, your intake may be completed over 2 or 3 sessions. Once ongoing treatment begins, we will usually schedule one weekly **45-minute** session at the **Therapy Rate of \$150.00**. If Dr. Motoike is a Contracted Provider for your Insurance Company, there is generally an agreed-upon evaluation and therapy rate specific to your particular company. There is typically a set co-pay or co-insurance amount determined by your insurance company that is due at the time of service. Please refer to the Psychological Services Agreement for additional information about fees and insurance. If your session goes over time and your insurance company does not typically reimburse for a longer session, an additional consultation fee may be assessed at **\$25.00 per 15 minute increment**. Please be advised that the billing codes were not modified by your therapist but by the industry.

There is a \$150.00 per hour fee for any letters of support, paperwork, forms, reports, or any other written documents; including those related to FMLA, short- or long-term disability, or Social Security Disability. This includes time to complete forms, make copies of records, and faxing or mailing, with a minimum \$25.00 fee.

Please read the Psychological Service Agreement for fees related to depositions and other legal proceedings. Any legal matters are charged at a rate of \$200.00 per hour with a minimum fee of \$1,500.00 payable in advance of any court appearance, deposition, or any other legal proceeding that requires the psychologist's presence, as well as travel time and my attorney's fees.

TELEPHONE CALLS: There is no charge for phone calls up to 10 minutes. Charges for calls lasting longer than 10 minutes will be assessed at a rate of \$150.00 per hour, with a minimum charge of **\$25.00**; a 30-minute call is **\$75.00**. This rate will apply to all telephone calls, unless the call is made for consultation with another healthcare professional for **routine** clinical purposes, e.g. your PCP or your psychiatric provider. Insurance companies do not reimburse for any telephone calls.

Your signature below indicates that you have reviewed and understand this Office Financial Policy and agree to abide by its terms regarding treatment with Dr. Motoike.

Print Name of Patient

Signature of Patient

Date