

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. Please pay 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/or engage alternative collection options. 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. 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 is the patient's responsibility to pay the missed-appointment fee in full. This policy also applies to **Employee Assistance Program (EAP) sessions**.

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 minimum **\$25.00 Copying Fee** for the copying of medical records up to 50 pages. After 50 pages, the rate will be \$0.25 per page and \$25.00 per hour. Postage/delivery costs will also be applied. I normally send medical records via USPS priority mail.

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). Failure to provide this information will result in the Patient 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.

SECONDARY INSURANCE: Please be advised that insurance companies do not coordinate benefits with secondary insurance. **I do not submit secondary claims**; however, if you wish to forward your claims to your secondary insurance for reimbursement, I will provide you with a copy of the HICF for each session, which you can forward to your secondary insurance with the explanation of benefits (EOB) from your primary insurance.

USUAL AND CUSTOMARY FEES: The initial session will involve an intake evaluation, 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 reimbursement rate for services. Your co-pay, co-insurance, or deductible payment is determined by your insurance company and is due at the time of service. Please refer to the Psychological Services Agreement for additional information about fees and insurance.

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. Legal matters are charged at a rate of \$200.00 per hour, with a minimum fee of \$1,500.00 payable in advance for court appearances, depositions, or other legal proceedings requiring the psychologist's presence.

TELEPHONE CALLS: I do not do psychotherapy by telephone. There is no charge for phone calls up to 10 minutes to **cancel or reschedule** an appointment. It is not intended to be "free time" to discuss clinical matters. 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.

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.

Signature of Patient

Date