



Patient Financial Responsibilities

EMPLOYER SPONSORED SERVICES

As an employee or family member of an employee of the New York State Senate, you are entitled to sponsored services provided by Allied Wellness Collective. If you have a Senate provided insurance plan, the NYS Senate will pay the co-pay associated with counseling services in which you engage, for up to 8 sessions per year. If you do not have a Senate provided insurance plan, the NYS Senate will pay the full cost of counseling services, for up to 8 sessions per year. No personal health information is ever disclosed to your employer. Use of the Senate sponsored services is confidential and your employer will not be notified of your utilization of these services. Any billing related to your services is void of any identifiable information.

LATE CANCELLATION & NO-SHOW POLICIES

Although you are receiving counseling services which are subsidized by your employer, you are responsible for any late cancellation or no-show fees. These fees will be invoiced to you directly. You may pay these fees by mailing a check or making a payment online with a credit or debit card.

1. If an appointment is cancelled with less than 48 hours' notice, or you do not attend your scheduled session, you will be charged a \$50 late cancellation fee. This is necessary because a time commitment is made to you and is held exclusively for you. We cannot bill your employer or insurance company for these fees. Therefore, you will be required to pay the fee.
2. If a cancelled session can be rescheduled in the same week, no cancellation fees will be charged.
3. If you are absent for two consecutive appointments without notice, Allied Wellness Collective may ask to terminate your services and provide you with appropriate referrals.

ENGAGEMENT OF SERVICES FOLLOWING EXHAUSTION OF EMPLOYER SPONSORSHIP

Following the utilization of your 8 Senate sponsored counseling sessions, you have the option of continuing your counseling services with your counselor. **At that time, you will be required to pay the co-pay or any cost-share associated with such services, as required by your insurance plan.** If you do not have or choose to not use insurance, you will be responsible for the cost of services, in full, or at the rate determined by a sliding scale. **Additionally, you will be responsible for all of the following requirements and policies, as long as you remain engaged in counseling services.**

FEES FOR SERVICES

In return for a self-pay fee per service, Allied Wellness Collective agrees to provide medical services to you. If this fee is a hardship, please let us know. **The fee for each service will be due and must be paid at the time of service.** Payments for any incurred fees will be processed automatically by the next business day following a

service. **A credit or debit card and a completed Credit Card Authorization is REQUIRED to be kept on file to allow for automatic payment processing.**

FEE SCHEDULE

Fees for services vary by service type, provider, and location. A fee schedule will be provided to you upon request.

You may be charged directly for services that are not covered by your insurance plan. These services include but are not limited to: telephone calls with you or with other professionals, reports or letters written on your behalf, attendance at meetings and court hearings, reviewing records, scoring diagnostic tests, etc. Unless listed on the fee schedule, rates will be discussed and agreed upon on a case-by-case basis, prior to any additional services being provided.

RECORDS REQUESTS

Records are the property of Allied Wellness Collective and you have rights to the information within your records. For printed copy requests, Allied Wellness Collective charges a printing and preparation fee of \$.75 per page for requests of your medical records by a third party. For electronic copy requests, Allied Wellness Collective charges a preparation fee of \$.25 per page for request of your medical record by a third party. Any request for electronic copies must include instructions for transmission via secure/encrypted email.

RETURNED CHECK POLICY

If a payment is made on an account by check, and the check is returned as Non-Sufficient Funds (NSF), Account Closed (AC), or Refer to Maker (RTM), the patient or the patient's Responsible Party will be responsible for the original check amount in addition to a \$35.00 service charge. Once notice is received of the returned check, Allied Wellness Collective will send out a letter to notify the Responsible Party of the returned check. If a response is not made within 15 days from the letter date by the patient or the Responsible Party, the account may be turned over to our collection agency and a collection fee will be added to the outstanding balance - in addition to the \$35.00 check service charge.

AUTOMATIC CREDIT/DEBIT CARD CHARGES

Following your 6th counseling session, you will be required to provide a credit or debit card and authorization to charge the card on file with Allied Wellness Collective, which you agree to be automatically charged for any payments due (including missed appointment fees), following your employer-sponsored services. If insurance is terminated or benefits are reduced for any reason, you acknowledge that you are responsible for the entire cost of the service as well as any remaining balance on your account. You agree to inform Allied Wellness Collective of any changes to address or phone number for the patient and the Responsible Party. You also agree to present Allied Wellness Collective with any updated insurance information as soon as it is available. **We recognize that the automated credit card authorization form states that providing a card is optional; however, we do not have the ability to change that form and having a card on file is REQUIRED to receive services.**

NON-PAYMENT ON ACCOUNT

If a patient owes a debt of \$100 or more, Allied Wellness Collective reserves the right to suspend all services until the balance is resolved.

Should collection proceedings or other legal action become necessary to collect an overdue account, the patient or the patient's Responsible Party, understands that Allied Wellness Collective has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered. The patient, or the patient's Responsible Party, understands that they are responsible for all costs of collections.

Patients are responsible for reasonable attorneys' fees, court costs and all collection costs associated with the collections of unpaid invoices.

By signing below, you agree to accept full financial responsibility as a patient who is receiving the services or as the Responsible Party for minor clients and other dependents. Your signature verifies that you have read the above disclosure statement, understand your responsibilities, and agree to these terms.