

DILEK WISE, INC.
1458 Campbell Rd. Ste.250A Houston, TX 77055

Dilek Wise, PhD, LMFT
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Only to Be Signed By Clients Using Insurance to Pay for Therapy

This is an additional agreement to be signed for Insurance patients.

Please ask if you need clarification on any of the information contained. Thank you.

Managed Health Care plans HMOs & PPOs often require authorization before they reimburse mental health services. It's your responsibility to receive initial authorization from your insurance. You are required to participate fully in the insurance process from the beginning, so you can be part of this process to ensure payment. Please remember, they are employed by you so their response to you will always be positive, but not necessarily to us especially when we are asking to be paid.

Using insurance not only breaches the confidentiality and compromises your privacy, but also requires us to give you a mental health diagnosis to be reimbursed. They require your treatment plans, progress reports, and some cases your session notes. Though all insurance companies claim to keep your information confidential, we have no control over its use once we send your information to them. This can stay on your file and you might be compromising your future employment. It is important to know that you can pay for the services yourself to avoid such problems.

Additional Billing Practices when Insurance is used to pay for therapy:

- (1) **Missed Appointments:** Insurance does not reimburse missed/cancelled appointments. *"Appointments missed or canceled within a 48-hrs notice will be automatically charged a full fee amount to my credit card on file, not the co-pay."* **"I AGREE":** _____ ♣(SIGN HERE)
- (2) **When Insurance Denies Payment:** If this denial is due to error in our end, we will correct any claim filing error & resubmit your claim. We will submit the claims twice -the most, and when there is second rejection of payment, insurance is not holding it's contract with Dilek Wise, Inc./ Dr. Wise therefore, the full payment for services rendered will be your responsibility. *"At this point regardless of the reason of denial, I am responsible to pay the full fee of the services rendered. Total amount of this denied claim can be automatically charged to my credit card on file if I deny to pay or set a payment plan in 7days."* **"I AGREE":** _____ ♣(SIGN HERE)
- (3) **How do I get my Reimbursement from Insurance:** You should receive a copy of Explanation of Benefits (EOB) letter in the mail from insurance at the same time we receive it. Once you pay the balance off at our office, we will provide you required documentation to file your claim to insurance so you can receive your reimbursement.
- (4) **Unpaid Balances & Collection:** Due to confidentiality reasons, we do not disclose your name to collection agencies, therefore *when we do not receive any payments or a payment plan from you within the first seven days of your first notice given date, your total unpaid balance will be charged to your credit card on file.* **I AGREE":** _____ ♣(SIGN HERE) This notice may be given to you via phone, email, and/or mailing. Please keep us informed of any credit card changes on file promptly to avoid fees. Thank you for your collaboration.