

# NADYA L.K. TILLUCKDHARRY, PSY.D., LLC

## PAYMENT POLICY - REFERENCE

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CLIENT NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Thank you for choosing Dr. Tilluckdharry as your primary care provider. Dr. Tilluckdharry is committed to providing you with quality and affordable health care. Some clients have had questions regarding client and insurance responsibility for services rendered, this payment policy has been created. Please read it, ask any questions you may have. ***A signature page will be provided at your first appointment. A copy will also be made available to you.***

**1. Insurance.** Please contact your insurance company with any questions you may have regarding your coverage. Knowing your insurance benefits is your responsibility. Currently, Dr. Tilluckdharry is an out-of-network provider.

**2. Claims submission.** Dr. Tilluckdharry will assist with your claims and in any way she reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

**3. Coverage changes.** If your insurance changes, please notify Dr. Tilluckdharry before your next visit so she can make the appropriate changes to help you receive your maximum benefits.

**4. Fees for Therapy.** You must pay for these services in full at the time of visit. The frequency of sessions will be determined by Dr. Tilluckdharry and yourself at the first appointment.

**5. Nonpayment.** If your account is over 60 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, Dr. Tilluckdharry may refer your account to a collection agency and you, and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, Dr. Tilluckdharry will only be able to treat you on an emergency basis.

**8. Missed appointments.** Dr. Tilluckdharry's policy is to charge for missed appointments not canceled within 24 hours of the scheduled date and time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.