



Tranquil Waters Billing Policy 2023

24 Hour Notice Cancellation Policy/Rescheduling Policy

Tranquil Waters Counseling has a 24-hour notice Cancellation Policy/Rescheduling Policy. If an appointment is missed, cancelled or changed with **LESS than 24 Business hour's** notice, there will be a charge of **\$75**. This charge will be charged to the credit card stored on file, provided by me at the intake session and can be updated by asking the Front Desk for the Credit Card Authorization Form. This card always needs to be updated by me if there is a change in cards to be charged. If the Agency must make changes to the scheduled session time that I, the Patient cannot accommodate, the Cancellation fee will be waived.

For all cancellations, I **MUST CALL** the **Main Number (407) 738-9408** and Leave a Voicemail on the Cancellation Line in order to have my cancellation processed as this is Date and Time Stamped. **Texts, Emails, Facebook messages or any other methods, WILL NOT be processed as a Cancellation. The Voicemail must include My Name, Date/Time of Appt and the REASON for My Cancellation. Late Cancels/No Shows will not be waived due to illness any longer. If I think I have a major or contagious illness, I will check my symptoms more than 24 hours prior to my session to ensure I am well enough to attend an appointment OR give proper notice of a cancellation so my Therapist has adequate time to reserve the spot for another patient in need of the appointment time for their mental health care.**

*For Monday appointments, a Cancellation must be called in no later than Friday, example: a Monday at 12pm appt must be cancelled Friday before 12pm to be less than 24 hours.

If there are 2 recurring no shows/late cancellations, I, the Patient, will only be able to schedule an appointment on a Same Day Appointment basis until re-establishing a consistent ability to attend at least 3 appointments. If there is a no show/late cancel and I do not pay the fee, I understand that I will no longer be allowed to book future appointments at Tranquil Waters Counseling. If I, as a Patient continually reschedule my appts regardless of a fee or not, I will not be allowed further bookings to ensure that the Therapist's schedule remains open for other patients. I understand that Compliance with treatment includes financial responsibility as well as responsibility of consistent attendance.

Tranquil Waters realizes that there are many things that come up in people's day to day lives. While truly sympathetic, Tranquil Waters cannot absorb the financial responsibility of last minute cancellations. The Agency does not double book appointment times but rather reserves specific times for each patient affording individualized care. In fairness to all patients, this policy is in effect regardless of the reason for the cancellation.

Billing Policy

When the Biller calls or checks online for insurance copay verification, this is most often an ESTIMATE and If the insurance provider does not cover the cost of the session (as Tranquil Waters and the Patient

will each receive an Explanation of Benefits mailed) the Patient will be responsible for the Insurance Contracted amount of the session, to be charged to the credit card stored on file after Patient is notified through Kareo Portal (text, phone or email). I understand that I will be asked at the initial session to provide my debit/credit card for this policy, and this card always needs to be available to be charged, upon my knowledge.

I, the Patient, Understand that EAP (Employee Assistance Programs) can only be obtained once during my treatment at Tranquil Waters Counseling, and after use of the authorization, I will utilize my insurance or Self Pay.

I understand that my Copay is Due on the Date of Service by keeping an Active Debit or Credit Card on File at all times, starting at intake.

*I, the Patient or Patient's Parent/Guardian, am responsible for providing ALL of the Insurances that need to be billed. I am responsible for knowing all insurances that are active, recently active insurances and providing the information AS WELL AS the physical Insurance Cards to be stored in your chart. I am responsible for letting Tranquil Waters Counseling (407-738-9408) know about any changes in insurances, timely (within 3 days of the change).

I, the Patient or Patient's Parent/Guardian understand that if a Coordination of Benefits (COB) issue arises, I am responsible for timely calling my insurance companies and advocating for them to coordinate my benefit, advise which is the Primary, Secondary, and Tertiary insurances as well as ask that they cover all of my therapy bills as agreed or I am responsible for the claims that are not covered.

***I understand that A Chargeback to my Bank Card/Debit Card/Credit Card constitutes Fraud if I request such after receiving mental health services or after no showing or late cancelling for a session with Tranquil Waters Counseling. Chargebacks are the act of disputing the charge with my bank to have the fee reversed back to my bank account. Mental health treatment requires compliance, to include financial responsibilities.**

Assignment of Benefits

My Financial Responsibility as a Patient of Tranquil Waters Counseling

All professional services rendered are charged to the patient and are due at the Date and time of service, unless other arrangements have been made in advance (in written form) with our business office. Necessary Forms will be completed to file for insurance carrier payments.

Assignment of Benefits

I hereby assign all medical benefits to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier (s) including Medicare, private insurance and any other health/medical plan, to issue payment checks directly to Ann-Marie Miglionico with Tranquil Waters Counseling, rendered to myself and my dependents regardless of my insurance benefits, if any. I understand I am responsible for any amount not covered by insurance.

Authorization to Release Information

I hereby authorize Ann-Marie Miglionico, LCSW of Tranquil Waters Counseling LLC to 1) Release any information necessary to insurance carriers regarding my illness and treatments, 2) process insurance claims generated in the course of examination and treatment and 3) allow a photocopy of my signature to

be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.

I have requested medical services from Tranquil Waters Counseling on behalf of myself and or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized.

I further understand that fees are due and payable on the date that services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original.

By signing below, I acknowledge that I have read and understood this Policy for Tranquil Waters Counseling as described above.

Please print your name and sign below:

Client (or Guardian) Printed Name: _____

Client (or Guardian) Signature: _____

Date: _____

I am the parent/guardian of this patient