Behavioral Health Associates of Western New York

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BILLING/FEE SCHEDULE

Communication with patients and their families regarding billing practices and fees assists in providing the best of services to patients. Listed below are answers to some of the most commonly asked questions. If you have any further questions please ask our office staff for assistance.

1) FEES: Behavioral Health Associates of WNY standard fees are $325.00 for a ***(50) fifty minute initial diagnostic assessment*** and $150.00 for a ***(20) twenty minute medication follow-up appointment***. Billable sessions include meeting with the adult/child patient individually, meeting the parent(s)/guardian(s) individually, and if the patient is a child, meeting the patient and parent(s)/guardian(s). Also, there are ***fees*** for missed appointments, late (less than 48 hour notice) cancellations, and showing up late for you/your child's appointment (see paragraph (3) for details).

Additional fees:	
Completing a form	$25.00
Dictated report	$75.00
Court appearance	Charged by the ½ day
Reports	$.75 per page - no charge if sent to primary doctor or other healthcare provider

2) FEES FOR MISSED APPOINTMENTS, LATE CANCELLATIONS, AND BEING LATE: If you are unable to keep a scheduled appointment, our office will need to be notified at least ***(48) forty-eight hours*** in advance to allow scheduling of another patient/family for services. Failure to do so, or not showing for you/your child's appointment will result in the following fees. Also, it is important that you be on time for your scheduled appointment, if you are more than ***(15) fifteen minutes late*** for an initial assessment or ***(5) five minutes late*** for a medication follow-up appointment you/your child will not be seen and you will need to reschedule the appointment at a later date. Please be advised that there will be fees for arriving late to your appointment. Cases will be closed if there are a total of ***(2) two*** missed appointment without prior notice.

FEE SCHEDULE:

Initial Diagnostic Assessment No-Show or Late Cancellation (less than 48 hours notice) $125.00 to reschedule
Medication Follow-up No-Show or Late Cancellation (less than 48 hours notice)$75.00
Cancel/Reschedule an appointment - $35 if able to reschedule within the same week or $75 if further out

3) BILLING: We will not bill patients or insurance companies. Payment in full is expected at the time of service. Delinquent accounts will be given adequate notice and opportunity to correct the situation. Unpaid accounts older than ***(30) thirty days*** will be at risk of collection. Please be advised that additional costs will be added to your account for any fees involved in collection. We reserve the right to terminate treatment for either non-payment or lack of prompt payment.

As a patient or patent/guardian of a minor patient, I agree to pay for all services rendered in accordance with the terms and conditions set forth in the above Billing and Fee Schedule, of which I have received a copy. In the event that legal action should become necessary to enforce payment of any charges, I agree to be responsible for and pay all reasonable attorney's fees and court costs incurred.

_____ _____ _____ _____
Patient Date Witness Date

_____ _____
Parent/Guardian Date