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INSURANCE AND PAYMENT POLICY INFORMATION

LAST NAME _____ FIRST NAME _____

DOB: _____

PRIMARY INSURANCE: _____ phone: _____

INSURANCE ADDRESS: _____

RELATIONSHIP TO PATIENT: _____

INSURANCE ID#: _____

BEFORE YOU COME TO YOUR FIRST APPOINTMENT, YOU MUST CALL YOUR INSURANCE COMPANY AND GET THE FOLLOWING INFORMATION FROM THEM:

DEDUCTIBLE AMOUNT \$ _____ DEDUCTIBLE MET FOR THIS? Yes or no?

YOUR COPAY PER VISIT: \$ _____ YEARLY MAXIMUM COPAY: _____

IS PRIOR AUTHORIZATION NEEDED? _____

IF YOU DO NOT BRING THIS INFORMATION WITH YOU, YOU WILL HAVE TO PAY THE FULL CHARGE FOR YOUR INITIAL VISIT, SORRY. The modern world of insurance.

OFFICE POLICIES REGARDING PAYMENTS

1. This office does not send out "balance billing" - you will be responsible for the full payment of your portion of the charges at each visit.
2. If you do not have your payment, you will not be seen and will be charged for a missed session.
3. Payment can be made by credit card, debit card or cash only. I will not be able to make change for cash payments. Checks are not accepted.
4. Your primary insurance will be billed for their portion of the charges, however, should they not pay, you will be responsible for that balance as well.
5. If you have Medicare, your secondary insurance will be billed for their portion of your billing. Other secondary insurances will not be billed for patients, and the balance due after payment by the primary insurance will be collected from the patient. You will be given a receipt you can submit to your secondary insurance for reimbursement.
6. For missed sessions, or cancellations with less than 24 hours' notice, the charge may range from one-half to the full amount due for that session. Your insurance can not be billed for charges for missed or rescheduled appointments, and those payments are due at the time of your next session.

I have read and understand these policies.

PRINT NAME: _____

Signature: _____

Thank You!