



7601 Conroy Windermere Rd.
Suite 203
Orlando, FL 32835

Telephone: 407-704-1461
Fax: 407-704-1501
www.happymindcompany.com

FINANCIAL POLICY

As part of an effort to provide the best possible mental health care to you, we would like to explain our financial policies in advance.

1. Your health insurance is a contract between you, your insurance company and your employer. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, or coordination of benefits. Our professional services are rendered to you, not the insurance company. Therefore, payment for services ultimately is your responsibility.
2. If you have a referral based HMO or PPO insurance plan, it is your responsibility to obtain initial referrals or authorizations. Not all therapy services or psychiatric conditions are part of a covered benefit by all insurance plans. Please understand that if your insurance does not pay for a particular service, you will be responsible for the payment in full. It is your responsibility to understand your plan benefits. We only file with your primary insurance. It is the patient's responsibility to file any additional insurance.
3. Please be advised it is the member's responsibility to ensure that preauthorization has been obtained before the service is performed. Issuance of a preauthorization is not a guarantee of payment. When submitted, the claim will be processed in accordance with the terms of the member's benefit plan. To obtain preauthorization for any future outpatient Behavioral Health service, please call the number listed on the back of your identification card for Behavioral Health or Mental Health services.
4. Please inform the receptionist of ANY changes in your benefits or changes in the company that insures you PRIOR to your appointment. If by your failure to provide us with current information, your insurance company subsequently denies us payment, you may be held financially responsible for those unpaid charges.
5. Your deductible and co-payment are due at the time of your visit. For your convenience we accept cash, checks, Visa, and Master Card. All returned checks are subject to a returned check fee of \$50.00. There will be a \$10.00 fee for sending you a bill for any unpaid balance.
6. Accounts that are 90-120 days past due may be turned over for collection.