William Ballantyne, Psy.D.
Licensed Psychologist VT & NH

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PAYMENT CONTRACT FOR SERVICES

This document is intended to clarify the payment policies for services contracted with Dr. William Ballantyne. The Person Responsible for Payment is required to sign this document before any services are provided.

Your insurance policy, if any, is a contract between you and the insurance company. I am not part of the contract between you and your insurance company, and you are responsible for knowing what your insurance covers. As a service to you, I am willing to assist with insurance issues and questions. Also I am often willing to submit claims to insurance companies and other third-party payers. However, I cannot guarantee such benefits or the amounts covered, and I am not responsible for the collection of such payments. In some cases, insurance companies or other third-party payers may not consider certain services to be reasonable or necessary, may determine different standard and customary rates, or may determine that services are not covered at all. In such cases, the Person Responsible for Payment is responsible for the costs of all services not covered by insurance companies or other third-party payers. The Person Responsible for Payment also is responsible for all costs not paid by insurance companies or third-party payers after 60 days.

Insurance deductibles and co-payments are due at the time of service. Although it is possible that mental health coverage deductible amounts may have been met elsewhere, this amount will be collected by me until the deductible payment is verified by the insurance company or third-party payers. All insurance benefits will be assigned to me by the insurance company or third-party payers unless the Person Responsible for Payment pays the entire balance each session.

Clients are responsible for payments at the time of service. The parent or guardian accompanying a minor is responsible for payments for the minor at the time of service. Cancellations with less than 24 hours notice may incur a late cancellation fee of $25, and scheduled appointments that are missed without any notice may incur a no-show fee of $50. Please note that insurance companies do not reimburse for cancelled or missed appointments, so you will be held responsible for this fee.

Payment methods include cash or check, unless other arrangements have been made. For more information on Billing & Fees or on Health Insurance, please review the AGREEMENT AND INFORMED CONSENT FOR TREATMENT.

If you have any questions regarding this document, please be sure to ask me.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS OF THIS DOCUMENT.

_____ _____
_____

Client Name(s) Date

_____ _____
_____
Person Responsible for Payment Signature Date

_____ _____
_____
Co-Responsible for Payment Signature Date