

innerQuest Psychiatry & Counseling, PLLC
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BENEFIT CONFIRMATION FORM

Name: (of Patient):	Insurance Company:
ID#:	Group#:

Please have your insurance card in hand

THIS FORM MUST BE COMPLETED PRIOR TO APPOINTMENT OR THE FULL AMOUNT OF YOUR VISIT WILL BE EXPECTED IN FULL

WHEN YOU CALL YOUR INSURANCE COMPANY ASK THE FOLLOWING QUESTIONS:

"This is (YOUR NAME) and I am calling to get details about my behavioral health benefits."

1. Do I have a co-pay or co-insurance for OUTPATIENT Behavioral Health? _____
2. What is the amount I pay per visit? \$ _____
3. What is my deductible? \$ _____
4. How much of my deductible has already been met? \$ _____ As of Date: _____
5. When does my deductible period start? (Date each year) _____
6. What is the effective date of my insurance policy? (Month/Day/Year) _____
7. How many visits does my policy allow for OUTPATIENT Behavioral Health Per year?
8. If I need more outpatient visits what do I do to obtain authorization?
9. Is there a yearly maximum for OUTPATIENT Behavioral Health? _____
(Inpatient Maximum if applicable?) _____
10. Do I need an authorization for my visits? _____
11. How do I obtain an authorization? _____
12. Where and who should my provider mail claims to? _____
13. What is your EDI Payer number? _____
14. May I please have your name, your extension number and the Reference# for this call?
Name: _____ Ext: _____ Reference #: _____

Name: (Person Making Call) _____ Date of Call: _____
Time of Call: _____ Phone Number called _____

NOTE: Benefits Confirmation Form should be received by innerQuest Psychiatry & Counseling prior to your first session in order for the office to verify your benefit. This allows our staff to calculate the payment you will be expected to make at the time of service. If this information is not received prior to your visit you will be responsible for the full fee amount until your benefits are verified or this completed form is received. Thank you.

Signature of Patient: _____
Date: _____

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FINANCIAL POLICY

- innerQuest will file the charges for each patient's services. InnerQuest will file primary and secondary claims for you. innerQuest does not file tertiary (third) insurances. We will file your secondary insurance once we have received a response from your primary insurance. We will give the secondary 45 days to respond to the claim, and if no response is received, the balance on the account will be turned over to you. It will become your responsibility to contact the secondary for payment. The secondary insurance will be filed only once, as a courtesy to you.
- Patients documented to have no health insurance coverage may be eligible for a reduction in some of their charges with **FULL PAYMENT AT TIME OF SERVICE.**
- Patients with an appointment to see their physician, who also have a delinquent balance of 60 or more days old, will be required to pay their existing balance in full before seeing the physician.
- Balances greater than 60 days are consider delinquent. If the balance is not paid at 120 days and the patient do not respond to innerQuest's attempts to collect an overdue balance, further action may be taken to recover this delinquent account, i.e. a collection agency, and possible dismissal from practice.

Patient Signature

Date

CANCELLATION AND NO SHOW POLICY

innerQuest is committed to providing you with exceptional psychiatric and counseling services in a timely manner. Appointments are reserved for you so your provider can set aside time to address your individualized needs. Consistent with our high standards for care, we have established the following polices:

- It is imperative that you attend all scheduled appointments. Your treatment outcome is greatly enhanced by maintaining regular attendance to your sessions. In addition, if you do not attend an appointment, it prevents another patient from being seen that may be waiting for an appointment. Therefore, in the event that you need to cancel an appointment, **we require at least one business day notice prior to your scheduled appointment** (please call by 10AM on Friday if it is a Monday appointment)
- You will be charged between \$100-\$150 if you miss your appointment (no show) or if you provide inadequate notice prior to your scheduled appointment. ***Please note that your insurance will not pay for these charges.**
- We understand that unpredicted events do occur that may interfere that may interfere with attending a scheduled appointment, such as illness, work conflict, etc. However, repeated late cancellations and no shows affect our ability to provide quality patient care. You may be requested to pay outstanding late cancellations or no-shows fees prior to rescheduling an appointment.

I understand the innerQuest no show / Cancellation policy and Financial Policy and understand my responsibility to plan appointments accordingly and notify innerQuest appropriately if I have difficulty fulfilling my scheduled appointments.

I have read and understand the Financial Policy of innerQuest and well as the Cancellation and No Show policy.

Patient Signature

Date