



Financial Obligation Policy

Client Obligations

Clients are responsible for payment for all services as outlined in this document. Clients are asked to contact the administrative office if there are disputes regarding their financial responsibilities. Any amount not paid by your primary insurance company is your responsibility, including deductibles, copayments, and denied claims. It is your responsibility to understand which services are covered by your policy and which are not. You are also accountable to ensure that you do not exceed the yearly maximum number of visits allowed.

Insurance

Our clinicians accept most insurances. If you have questions regarding coverage, please contact administrative staff directly at 412-823-5155 and someone will assist you.

Secondary Insurance

This office will bill secondary insurance if we are in-network and you provide the insurance information needed to do so. If any information is given to us after previous office visits have occurred, it may be too late to retroactively bill even if insurance was effective.

Forms of Payment

Due to COVID-19, we are currently accepting checks and credit/debit cards for appointments held in-person. A fee of \$50.00 will be charged to your account for a check returned to us for non-sufficient funds or any other reason. Additionally, future checks will not be accepted and all payments due at the time of service must be paid via credit/debit card. For clients participating in virtual appointments, only credit/debit cards are accepted forms of payment. A valid credit/debit card must be on file prior to your scheduled appointment as copays/deductibles are due at the time of service.

No Shows/Cancellations

A 24-hour advance notice is required for the cancellation of any appointments. As a client you are to call the office at 412-823-5155 to cancel any appointment. Email or text to the clinician and/or office does not guarantee adequate notification of cancellation and issuance of a cancellation fee will be at the discretion of the provider.

Account Balance

Clients are responsible for any outstanding account balances. This includes but is not limited to missed co-payments, no show/cancellation fees, fees not covered by insurance, etc. Clients may not be able to schedule upcoming appointments with their provider until their outstanding balance is paid in full.

If for some reason you are no longer able to afford services, please contact the administrative office to discuss payment options.

Credit Card on File

We require a valid credit card to be held on file. You may provide this information directly to office staff and/or your clinician to be inputted into the secure Stripe system. Credit cards on file may be charged for the following reasons:

- Co-payment for any appointments
- No show/cancellation fees as outlined previously in this document
- Outstanding balances as outlined with your provider
- Self-Pay services as outlined with your provider

Clients who choose to dispute charges appropriately made to their credit card as outlined in this document may be subject to discharge from services at Persoma.

Refunds

There will be no refund for out-of-pocket co-payments or insurance payments received for services rendered.

My signature authorizes Persoma to charge my card as outlined in this Financial Obligation Policy and I agree to the terms of the policy.

Visa MasterCard Discover Amex

Credit Card Number _____

Expiration Date ____ / ____ / ____

3 Digit Code on Back _____

Cardholder Name _____

Patient Name (Print): _____

Signature: _____

Date: ____ / ____ / ____

I decline to put a card on file at this time; however, I agree with the terms of the financial policy. I also understand that any unpaid balance not paid in full within 30 days of date of service, is considered past due and will be subject to a \$5 monthly fee until the balance is paid in full.

Signature: _____

Date: _____ / _____ / _____

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