



Our Financial Policy

Thank you for choosing Triangle Psychological Services. We are committed to providing quality treatment to you. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require you to read and sign prior to any therapy/assessment services being rendered.

- 1) Full payment of your fee is due at the time of service unless you are Medicaid(MA) or NC Health Choice. (Please see our Fee Schedule). We are in-network only with Medicaid, therefore those with MA will have minimal or no payment at the time of appointment (some adults with MA have a very minimal co-pay).
- 2) We accept cash, checks, Visa, and Mastercard.

Medicaid Clients:

If you are seen in our office during a gap in your Medicaid coverage, you are responsible for the full TPS fee for the service you received on that date.

Please check your Medicaid eligibility prior to each TPS appointment by going to <http://webclaims.ncmedicaid.com/ncecs>.

Usual and Customary Rates:

Our practice is committed to providing the best treatment to our clients and we charge what the usual and customary fees for this area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. The only exception to this policy is a plan where we are a contracted participating provider.

Missed Appointments:

Please help us serve you better by keeping scheduled appointments. Unless cancelled at least 24 hours in advance, you will be charged our full fee for the service for which you are scheduled.

Minor Patients:

The adult parent accompanying the minor is responsible for payment of the minor's account regardless of the insurance policy holder. For unaccompanied minors, non-emergency treatment will be denied unless the minor is prepared to pay when services are rendered.

For additional financial policy information, including legal fees, please refer to the Psychological Services Agreement.

Please let us know if you have any questions or concerns regarding the above financial policy.

My signature indicates that I have read, understand, and agree to this financial policy.

Signature of Client
(parent/guardian signature if client is under 18)

Date