



COLLABORATIVE COUNSELING CENTER

Working together to inspire change and promote growth

www.collaborativecounselingcenter.com

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Insurance and Financial Policy

Brett I. Greenberger, M.D., P.C. ("Collaborative Counseling Center") is not contracted with any insurance carrier. Therefore:

1. All charges must be paid in full at the time of service.
2. Any contract that obligates your insurance carrier to pay for a portion of your healthcare is between you and your insurance carrier. Your insurance carrier has no relationship with Collaborative Counseling Center. We recommend that you contact your insurance carrier to verify your benefits and to understand how your insurance will reimburse you for services provided by our office.
3. As a service to you, our office will provide you with a completed medical claim form at the time of service so that you can submit a claim to your insurance carrier for reimbursement. We recommend that you contact your insurance carrier to verify claim filing instructions, and ask that you provide our staff with all necessary information.
4. **MEDICARE:** Collaborative Counseling Center has elected to "Opt Out" of Medicare. All patients who are enrolled in Medicare must sign the federally mandated "Private Contract" in order to receive services at our office. All services must be paid in full at the time of service, and neither Collaborative Counseling Center nor the patient may file a claim with Medicare for reimbursement as outlined in the "Opt Out" agreement.
5. It is your responsibility to obtain all referrals/authorizations required by your insurance plan.
6. We do not accept any payments from insurance companies.
7. We accept all major credit cards including Visa, Master Card, American Express, and Discover, and Check.
8. You will be charged the full session cost for appointments canceled or missed without 24 business hours' (Monday-Friday) notice and CCC will use your provided payment information. Your balance must be paid in full before another appointment can be scheduled or services provided.
9. Under Section 2799B-6 of the Public Health Service Act and its implementing regulations, health care providers, including Mental Health, are required to provide a good faith estimate of expected charges for items and services to individuals who are not enrolled in a group health plan or group or individual health insurance coverage, or a Federal health care program, or a Federal Employees Health Benefits (FEHB) program health benefits plan (uninsured individuals) or not seeking to file a claim with their group health plan, health insurance coverage, or FEHB health benefits plan (self-pay individuals) in writing (and may also provide it orally, if an uninsured (or self-pay) individual requests a good faith estimate in a method other than paper or electronically), upon request or at the time of scheduling health care items and services and upon request.
10. In the unlikely event that you default on payment for any amount due 60 days past the date of service, and all efforts have been made by CCC staff to contact you for payment, we will place your account in collections. (We may place your account in the hands of our attorney for legal action, if necessary, in addition to collections, and you will be charged an additional fee equal to the cost of collection, including attorney fees and court costs incurred as permitted by laws governing these actions.

By signing this document you are agreeing to pay for our services in full and acknowledge that you have read and fully understand its contents.

Signature: _____ **Date:** _____
(Parent or guardian, if patient is a minor)

Signature of Witness: _____ **Date:** _____