

E. VIRGINIA BAYLISS, M.D., PLLC
154 Hansen Rd., Ste. 103, Charlottesville, VA 22911
(434) 602-1477

This sheet is to acquaint you with my billing policy. **PLEASE READ**

A schedule of current fees is available upon request. Fees are subject to periodic increases, and you will be advised at least one month in advance of any increase.

I am a provider for **Medicare, Sentara, Optima, Aetna, Cigna, Beacon, and Gateway. (I do not file any other insurances.)** I will file your insurance claims, provided you furnish me with all necessary information and authorization to do so. While I will file with your insurance company for payment, I want to make it clear that the responsibility for your bill is yours. If for some reason your insurance company does not pay your bill within **sixty (60) days**, you are obligated to pay it. Therefore, if there is any delay in your insurance reimbursement, you should contact your insurance carrier immediately. Please remember that billing is a courtesy, not a requirement. **Please provide me with a credit/debit card to keep on file for ongoing charges in lieu of delays in insurance payment.**

Items not covered by Insurance

You will be expected to pay at the time of service for any services not covered under your insurance plan. For example, prescription services, report fees, and not all plans cover family or group therapy.

Occasionally I am asked to testify in a deposition or court proceeding, for example in a child custody hearing. If this is ever required, I will bill you at the rate indicated on the fee schedule. Testimony at legal proceedings requires a prepaid retainer of fees.

Missed appointments and late cancellations (less than **24** hour notice) will be billed according to my fee schedule, whatever the cause (for example, illness, business appointments or car trouble) unless the session can be filled by someone else. The bill will show the charge as a missed appointment.

Prescription services (other than at the time of your appointment) will ONLY be done if requested by you and will show the charge as an Rx fee.

Time required to fill-out forms, other than for treatment purposes, will be billed at the scheduled rate.

If more than one year passes since your last appointment, you may be discharged from treatment at this office and you may require a new psychiatric evaluation.

Communications with you

You agree, in order for us to service our account or to collect any amounts you may owe, we, our agents, assignees, third party(s) or servicing agent(s) may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable. You agree that we, our agents, assignees, third party(s) or servicing agent(s) may, for training purposes or to evaluate the quality of service, may listen to and record phone conversations you have with us and/or agents, assignees, third party(s) or servicing agent(s).

A 2% interest charge (24% annually) will be applied to any balance remaining sixty (60 days) after the initial billing date. If your account becomes assigned to a collection agency, you agree to pay a 25% collection fee, accrued interest, court costs, and attorney fees, as allowed by law.

Signature of Patient and/or Guardian (SEAL)

Date