

Andrew C. Elgort, Ed.D., PLC
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Summary of Financial Responsibility

Payment for services is due at the time the service is rendered unless other arrangements are made. Insurance is billed as a service to my patients. Having an authorization for services is not a guarantee that the insurance company will pay. The patient is responsible for the payment of all fees.

Please review and initial the following. Your initials signify that you have read and understood your responsibilities.

_____ I understand that insurance may be filled for me, but that I am ultimately responsible for payment of fees regardless of insurance coverage.

_____ I authorize the release of information required to process insurance claims (e.g., treatment plans) required by insurance companies.

_____ I authorize payment from my insurance company to be made directly to Andrew C. Elgort, Ed.D., PLC.

_____ I understand that I am responsible for notifying Dr. Elgort of any changes to my insurance, my address, my phone number, or my employment.

_____ I understand that most insurance companies only reimburse for face-to-face services and that I am responsible for payment of fees for any other services requested or used in my treatment (e.g., Report Preparation, Telephone Consultation, attendance at meetings, etc.).

_____ I understand that I may be billed for missed appointments unless I gave notice of my inability to attend the appointment at least 24 hours prior to the time of the appointment.

_____ I understand that I am responsible to obtain pre-authorization for services. If proper pre-authorization is not obtained, I understand that I am responsible for payment of the service.

Signature of Patient or Parent/Guardian of Minor

Date