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# Polices on Payment and Collections

The business of this practice is a fee for service model where patients are asked to pay full fee at the time of service. Full payment will be requested at the time of service, as we do not send out monthly billing statements. Payment options are: cash, check, automated clearing house direct deposit, or health saving account debit card payment. We ask each patient to keep a direct deposit agreement on file. This agreement provides you the option of automatic billing at the time of service and authorizes us to bill your for any payments that are not received at the time of service and for phone consultations that you may request between appointments.

As the time we spend together is valuable, we would like to make the process of the transaction take as little time as possible. If you are using a check, please make the check out in the waiting area prior to the appointment.

If an appointment is cancelled with at least 48 hours’ notice, you will not be charged. This allows for another patient to be scheduled in your absence. If you fail to provide such notice, you will be charged for the visit.

**Insurance Billing**

For patients who want to use insurance benefits, I provide a receipt that may be submitted to insurance companies for reimbursement. The following steps will serve as a guide on how to do this:

1. At the time of service, I will provide you with a “super-bill”. This receipt includes your name, your diagnosis, the date of service, the procedure code, the charge for the service, and the amount paid at the time of service.
2. Contact your insurance company and ask them to describe your “out of network” benefits for “outpatient behavioral health in an office setting.” Ask what address you should send the “super-bill” (provided by our office) to for reimbursement.
3. The “super-bill” statement should be mailed or faxed directly to your insurance company, along with a claims form (found on the insurance website)
4. You should also attach a copy of your insurance card when submitting super-bills for reimbursement.
5. Make sure you indicate to have payments sent directly to you, the patient (not the provider).
6. Always keep a copy of all bills sent to your insurance company for your records.

Let us know if we can be of help should you have problems with determining insurance benefits.

Please sign below to indicate that you have read and understood the above policies.

Name: Birth Date:

Signature: Date: