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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. 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 will not pay your bill, you are obligated to pay it.

I am a provider for Anthem **Blue Cross/Blue Shield, Coventry, Sentara, Optima, Aetna, Medicare, Cigna** and other insurance companies and managed care agencies. If you are a subscriber to one of these insurance carriers, I will file your insurance claim, provided you furnish me with all necessary information to do so, including a signed release of information form. **(I do not file Tricare.)**

Insurance claims which are denied, rejected or not paid in full within **sixty (60)** days will be your personal obligation for payment at that time. Therefore, if there is any delay in your insurance reimbursement, you should contact your insurance carrier immediately. **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, 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 **48** 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.

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

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