Oria Health and Wellness Inc.
FLORENCE MALMGREN, LMFT

11858 BERNARDO PLAZA COURT, SUITE 210, SAN DIEGO, CA 92128
PHONE 858-524-4300
WWW.ORIATHERAPY.COM

PAYMENT OPTIONS

Cash/ check/credit card:

I offer a sliding scale to all cash paying clients. This scale is based on client's income. Payment must be made at the time of service.

Some clients choose cash in order not to involve insurance companies in their mental health care. Their counseling is not limited by the diagnosis, treatment plan or session limits that health insurance companies dictate. Insurance companies often limit the number of sessions and even the type of therapy. Many insurance companies do not cover couples/relational or family therapy.

Agreed payment is $_____ Initial:_____

Insurance:

I am currently an in network provider for certain insurances like Magellan, Cigna and a few EAPs which means that I will complete insurance forms on your behalf and bill your insurance company directly. If you have a co-payment, I will ask you to pay it at each session. Please note that your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. Although your insurance company will be billed for fees, you are responsible for that portion of the fees that is not reimbursed by your insurance carrier (e.g. deductibles, co-payments). If your insurance company pays only a portion of the bill or rejects it entirely, the insurance company will send an explanation of benefits to you. Reduction or rejection of your claim does not relieve you of your financial responsibility for your therapy sessions. If circumstances of financial hardship develop, please let me know so that we may discuss possible payment options. Also if at any times during the course of treatment, you were to change or lose your insurance, please notify me of theses changes immediately. Failure to notify will result in the client (or parent/legal guardian) becoming responsible for payment of services.

Amount of Deductible to be met per your insurance plan:_____ Initial:_____
Amount of Deductible due per visit: $_____ (session's full fee set by your insurance company) Initial:_____
Co-payment due per visit per your insurance plan: $_____ Initial:_____

I am currently an out of network provider for your some insurance companies Like Anthem, Aetna which means I do not bill these insurance companies directly. You become responsible for the session's fee. Your counseling services may be eligible for reimbursement through out-of-network benefits. Health insurance plans and benefit vary. If you are interested in using your health insurance to come and see me, please call your insurance provider to inquire about reimbursement for out of network services. I will provide you with a receipt every 2 weeks which you can submit to your insurance or I will submit it directly if possible. This does not apply if you have an HMO.

Victims of Crime Funding:

The Victims Compensation program funds treatment when the course of treatment is focused on crime related issues and there are no other funding sources available. If at any times during the course of treatment a new funding source becomes available (i.e. obtainment of health insurance), it is the client/parent/legal guardians responsibility to notify me immediately. If your claim is denied and you have been informed (by phone or mail) that your claim has been denied, you must notify me immediately. If you are an adult client, please be advised that Victims of Crime may not accept your claim if you have committed a crime.

Initial:_____

For any services paid by check, there is a $30.00 fee for any check that is returned by your bank. The fee is due at your next scheduled appointment.

Printed name:

_____

Signature of client/parent/legal guardian: Date:

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