

NorServ Group, Ltd.  
Billing and Insurance Policies

NorServ Group, Ltd. has policies and procedures in place to ensure proper billing and payment of services rendered. The following highlights the agency's billing and insurance policies and procedures including requirements associated with account balances and non-compliance.

NorServ Group, Ltd. will submit insurance billing to your insurance carrier for services rendered. After payment by you insurance carrier, there may be a balance on your account, which is your responsibility. It is your responsibility to pursue slow or non-payment on the part of your insurance with your insurance company directly, regarding a claim submitted on your behalf. We will assist you with any collection problem, however, the balance due remains your responsibility. A balance becomes delinquent and is subject to collections after 60 days of non-payment.

Our office cannot accept responsibility for negotiating a settlement on disputed claims. Regardless of any claim pending, if there is an open balance, a statement will be send to you. If payment has not been received from your insurance company within 45 days, the balance due becomes your responsibility and payable by you.

**If you have a balance outstanding for two sessions, your account will need to be paid in full before continuing services.**

**Payment is expected at the time services are provided unless prior arrangements are made with the office.** All out of pocket payments can be made by cash, personal check, money order, or Visa/Mastercard. Each individual is responsible for their own balance due. If your insurance has a deductible, it needs to be paid in full before your insurance can be billed.

**Missed Appointments and Appointments Cancelled Without 24 Hrs. Notice:**

Therapy / Counseling Appointment	\$35.00 Charge
Psychiatrist Appointment	\$55.00 Charge
All Returned Checks	\$35.00 Charge

Please remember that each professional has numerous clients. Telephone contact time to your therapist and time spend on any documentation / report requested by you or any other agency/business/professional may be billed to you, as these services are not covered by insurance.

**Fees for Service Not Covered By Insurances:**

Worker's Compensation Reports	\$105.00 Charge
Disability Reports	\$105.00 Charge
External Legal Reports (court, probation, etc)	\$105.00 Charge
Telephone Contact Time	\$25.00 Charge per 15 min.

**Fee for Records:**

Records can be requested by the consumer and/or parent/guardian of a minor. Appropriate record requests can be fulfilled for the following fee:

Pages 1-20	\$1.00 per page
Pages 21-50	\$.50 per page
Pages 51-over	\$.20 per page

There will be no charge for records that are transferred or provided to a consumer's primary care physician.

**Fee Agreement**

I have read the NorServ billing and insurance policies. I agree to be responsible for payment to NorServ Group, Ltd. in the amount of \$\_\_\_\_\_ per \_\_\_\_\_ minute therapy session. My insurance company may pay part or all of this fee, however, I agree to pay the balance of this fee if my insurance company does not.

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Signature of Responsible Party

Print Name

Date

**Responsible Party Information:**

Relationship to Consumer: \_\_\_\_\_

Responsible Party SS#: \_\_\_\_\_

Responsible Party Employer: \_\_\_\_\_

Address/Telephone Number: \_\_\_\_\_