

ELEANOR CASTILLO SUMI, PHD

Licensed Psychologist PSY 17407
Castillo Sumi Consulting

FEES, INSURANCE, AND FINANCIAL POLICIES

🕒 **Cash, check, or pre-approved insurance where Dr. Eleanor Castillo Sumi participates as a Provider will be accepted.** All payments (including co-payments), deductibles, and fees for non-insured services are due at the time of your appointment. Failure to pay your co-pay at the time of service will result in a **\$20 billing administration fee** in addition to the co-payment, and/or you may be asked to reschedule your appointment.

🕒 There will be a \$30 fee for **returned checks**, in addition to the cost of the service.

🕒 There will be a \$50 **missed-appointment charge** if you fail to cancel your appointment within 24 hours prior to your appointment. Weekends and holidays are not included in the 24 hours count (e.g., Monday appointments need to be cancelled by Friday to avoid a charge).

🕒 **There is an administrative fee for completing forms** (e.g., insurance treatment plans, reports, etc). Most forms/reports require five to six working days to research your information and complete the form. You will be called when the form is complete and ready for pick up or mail.

🕒 Insurance and Health Plans

Insurance carriers for which Dr. Eleanor Castillo Sumi participates will be billed and collected for their portion as a courtesy to you. Please provide your health plan card and/or all information necessary for your insurance carrier to be billed, or the fee for your visit will be due at the time of your appointment. You may need to obtain pre-authorization from your carrier in order to avoid unnecessary cost to you for care that may not be included in your plan. It is your responsibility to provide current and accurate insurance information, including any updates or changes in carriers. Please familiarize yourself with what your plan coverage, or contact your personnel department or insurance carrier. You are ultimately responsible for all professional fees regardless of your insurance coverage status. Your insurance benefits are ultimately a matter between you, your insurance carrier, and your employer.

Thank you for choosing Dr. Eleanor Castillo Sumi, Ph.D., as your behavioral healthcare provider. Your signature below indicates that you have read and agree to the above policy.

Client Signature

Date

Client's Name:

DOB:

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