

Information about Health Insurance

Insurance companies contract with providers to provide services as “in-network” providers. Essentially that means that the insurance company tells the providers what they will pay and providers adjust their rates for those who carry that plan. The rates vary from one company to another and are substantially lower than the customary rates in a particular region. While many mental health providers do not accept insurance, we have chosen to do so in order to provide access for our patients.

The Brain Health Center and its clinicians Sharon Moleski and Dr. Richard Ponton are “in-network” providers for the following health insurance companies: Horizon Blue Cross Blue Shield of NJ, Cigna, and Aetna.

Blue Cross and Blue Shield Plans: As an in-network provider for Horizon Blue Cross and Blue Shield of New Jersey, we are automatically in-network providers for most BCBS plans. Please confirm with your insurance provider.

We are in network with both Aetna and Cigna Health Care. Please confirm with your insurance company that they have not subcontracted their responsibility to provide you with health care to a managed care company. If they have, you must confirm with the managed care company that they honor the in-network contracts of your insurance company.

If you have chosen a health care plan with a deductible, you are responsible for payment of the full amount of the contracted insurance rate until the deductible limit is reached. You may choose either of the following methods for payment:

- 1) Payment of \$100 per session (the approximate average of contracted rates) until the receipt of the first Explanation of Benefits, whereupon the account will be reconciled to the contracted rate. Payment for subsequent sessions will be due at the time of service.
- 2) No payment of fees until the first Explanation of Benefits, whereupon all past due will be immediately due. Payment for subsequent sessions will be due at the time of service.

We submit all insurance claims at the end of the month and receive notification of payment from insurance companies approximately three weeks later. Please pay attention to the Explanation of Benefits you receive from the insurance company. You are responsible for the difference between the contracted rate and the payments we have received. In the event that you do not have coverage, you are responsible for the full treatment fee.

Co-payment and co-insurance is due at the time of service. Please note that we do not accept credit cards.

I understand that I am responsible for payment for services that are not covered by insurance and agree to payment within 30 days of notice.

Signature _____ Date _____

Insurance Subscriber: _____

Subscriber’s Date of Birth _____

Relation to Patient _____

Address (if different from patient) _____