

**Aurora Psychiatric Associates  
120 Greenwich Avenue, 3rd Floor  
Greenwich, CT 06831**

**Payment Policy for All Providers**

Payment is required at the time of your visit. A credit card may be kept on file for payment. An itemized statement and claim form will be provided for your insurance carrier. It is your responsibility to submit to your insurance carrier. We do not accept payment from the insurance carrier.

All of our providers are out of network with all insurances. We are not Medicare and Medicaid providers.

Appointments must be cancelled at least 24 hours in advance or there will be a charge in the full amount of the scheduled visit.

Fees for telepsychiatry and phone sessions are the same as those for in-person sessions. Please be aware that insurance reimbursement for telepsychiatry (remote) visits can vary widely, and insurance carriers generally do not reimburse for phone sessions or consultations.

By signing below, you confirm that

- You understand and accept the above policy

Signature \_\_\_\_\_ . Date \_\_\_\_\_

Name \_\_\_\_\_

## Insurance Information

Patient's Insurance Carrier Name \_\_\_\_\_

ID# \_\_\_\_\_ . Group # \_\_\_\_\_

Insurance Phone # \_\_\_\_\_

Insurance Mailing Address \_\_\_\_\_

If patient is not the insured, please complete below:

Insured's Name \_\_\_\_\_

Insured's Date of Birth \_\_\_\_\_

Relationship to Patient \_\_\_\_\_