Lemoyne Office:
716 State Street
Lemoyne, PA 17043
Phone: (717) 303-2035
Fax: (717) 303-5927

York Office:
517 Carlisle Avenue
York, PA 17404
Phone: (717) 845-2079
Fax: (717) 854-2298

Centers for Treatment of Alcoholism and Chemical Dependency

Billing and Missed Appointment Policy

Welcome to our office and thank you for choosing New Insights II. We strive to provide you with the best possible care. We have developed this financial policy because we believe that your clear understanding of our procedures is very important to our professional relationship.

Billing and Insurance

Your insurance policy is a contract between you and your insurance company. It is your responsibility to know the coverage limits of your particular health plan. As a courtesy to you, we will verify your benefits when you schedule your initial evaluation. Valid insurance cards need to be presented at the time of your appointment. If you do not have your insurance card we will expect payment at the time of the visit. After receiving your card, we will be able to bill your insurance company. Please be aware that an authorization obtained from your insurance is not a guarantee of payment. If you have any questions regarding your financial liability, our billing team will be happy to discuss it with you.

Co-payments and Account balances

Co-pays, deductible and/or co-insurance must be paid at the time of your visit. An additional $20.00 will be charged for returned checks in addition to any bank fees. If your account becomes 90 days delinquent, we will begin collection proceedings and a 25% additional fee will be added to your account to cover collection costs. To avoid collections, you may set up an approved payment plan with our billing office. For your convenience, we accept Visa, Mastercard, and Discover.

Self-Pay Clients

Clients who are uninsured are expected to make payment arrangements at their first appointment. Self-pay rates can be discussed at that time.

No Show Appointments

If you are forced to cancel an appointment, please call our office 24 hours in advance to let us know that you are canceling or rescheduling your appointment. If you do not show for a scheduled appointment without notifying us, you will be charged $35.00 for the missed appointment.

* I have read the New Insights II Financial Policy above and agree to its terms. I understand that I am financially responsible for all charges whether or not covered by my insurance.

Client Signature_____ Date_____