ELEANOR CASTILLO SUMI, PHD

Licensed Psychologist PSY 17407 Castillo Sumi Consulting

FEES, INSURANCE, AND FINANCIAL POLICIES

- ⑤ Dr. Castillo Sumi no longer participates in any insurance plans. **Cash or check will be accepted** for all payments which are due at the time of your appointment. The adult/parent/guardian accompanying a minor is responsible for payment.
- 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.

Your signature below indicates that you have read and agree to the	e above policy.
Legal Guardian's Signature	Date
Child's Name:	DOB:

Thank you for choosing Dr. Eleanor Castillo Sumi. Ph.D., as your behavioral healthcare provider.

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