



**CONNECTICUT CENTER  
FOR PSYCHIATRIC WELLNESS**

136 Sherman Avenue – Lower Level Suite #6 • New Haven, Connecticut 06511  
(Phone) 203-680-0030 (FAX) 860-331-8044

[www.CTCenterForPsychWellness.com](http://www.CTCenterForPsychWellness.com)

## INSURANCE AND PAYMENT INFORMATION

*Updated May 2024*

As of the date of this notice, The Connecticut Center for Psychiatric Wellness (CCPW), participates in the following managed care plans:



CCPW works hard to provide you the highest quality medical care. Your clear understanding of our financial policies is very important to our professional relationship. Please remember that our contract for services with all our patients (executed upon being accepted as a CCPW patient) is your responsibility and fees are payable regardless of insurance coverage. The information here is a general overview of the payment policy affirmed upon new patient acceptance.

- It is your responsibility to be aware of your insurance coverage, policy provisions, exclusions and limitations as well as authorization requirements. This information is furnished by the insurance carrier.
- We attempt to verify that your coverage is valid at the time of your visit. However, if your coverage is not in effect at the time of your visit, the financial responsibility is yours.
- If you have had any changes in your insurance coverage- even if there is only a small change in the co-payment amount or a change in the expiration date of the policy-you must notify us. Even a small discrepancy on the claim form can lead to a claim denial.
- Co-Insurance and co-payments are your responsibility. Co-Payments are due at the time of visits.
- Deductibles are your responsibility. The deductible is determined by the contract you have with your insurance carrier. We do not know how much each person's deductible is and if it's been met at the time of your visit.
- You will be responsible for a \$35.00 service fee if the bank returns your check for non-payment.
- Although CCPW may participate with all third party payment plans, we perceive your insurance coverage as a contract between the insurance company and you. We will bill your insurance company as a courtesy, however if collection of payment is denied, the responsibility will be placed immediately on you.
- CCPW participates and accepts assignment with Medicare B. Any portion of the deductible that has not been met is your responsibility. Patients without a secondary insurance are responsible for the 20%.
- Patients with no insurance coverage are expected to pay in full at the time of services.
- Payment is due upon receipt of statement. Outstanding balances are due prior to the next appointment.
- In rare cases, financial hardship arrangements may be made with approval from CCPW management.
- Balances not paid within the 28 days of the initial billing are subject to an administrative re-billing fee.