

FINANCIAL POLICY

Thank you for choosing me as your therapist/counselor. I am committed to your therapy being successful. Please understand that payment of your bill is considered a part of your therapy. The following is a statement of my Financial Policy for you to read and sign.

All clients must complete the Information and Insurance form.

Payment is due at time of service, and I accept cash or checks.

My fee is \$---. for 50 minutes, and longer sessions will be prorated according to their length of time. Couple and family sessions are often longer than 50 minutes. Lengthy phone calls will be charged according to their time.

Clients with weekly appointments and an established payment history may pay monthly. However, payment is expected within 30 days. A finance charge of 1.5% per month will be charged for balances over 60 days delinquent. You will be responsible for payment of legal and collection fees, if such services are required for non-payment.

Regarding Insurance

I do accept assignment of insurance benefits. However, I do require payment of your co-pay and deductible at the time of service. The balance is your responsibility whether your insurance company pays or not. In order to bill your insurance company, I must have your signed release of information, your insurance information, and an original claim form. Your insurance policy is a contract between you and your insurance company, and I am not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your medical insurance and/or the Medicare Program.

Health Care Benefit Plans fall under 3 general categories - traditional indemnity plans with either free choice of providers or with Preferred Provider lists (PPO's) from which to select; managed care plans which require a participating provider to obtain authorization for session coverage; and HMO plans. I am not an HMO provider, but I am a participating provider on a number of PPO panels for both indemnity plans and managed care plans. Since these changed frequently, you will have to ask about my ability to obtain covered services under your plan. In the event that your insurance coverage changes to a plan where I am not a participating provider, you will be responsible for payment whether I am covered or not by your plan.

Managed Care Plans require the most amount of confidential information to be revealed. They periodically ask for a complete assessment, treatment goals, and progress updates. I can not be in control of the storage of or access to confidential information when it is given to a third party. Your insurance company or agent will determine benefit coverage and the kind of services for which they will reimburse. If they determine your therapy is medically necessary, they authorize a prescribed number of sessions from 4-10, and require justification for additional sessions.

I will discuss with you my recommendations for treatment, and you will decide how you want to proceed. I am committed to providing the best therapy for you, and I charge what is usual and customary for this area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed Appointments

My policy is to charge for sessions cancelled for non-emergency reasons with less than 24 hour notice and for sessions missed without cancellation. Your insurance will not pay for these sessions, and it will be your responsibility to pay for these charges. Please help me serve you better by keeping scheduled appointments.

I have read, understand and agree to this Financial Policy.

Signature of Responsible Party

_____ Date

Please let me know if you have any questions or concerns.