FINANCIAL POLICY

Please understand that payment of you bill is considered part of your treatment. We will bill your insurance; however, you are responsible for co- payment amounts and deductibles as set by your benefit plan. Co- payment amounts may vary during the course of a treatment, as outlined by your plan. Co- payments are due and payable at each appointment. The co- payment amount set by your plan for each visit is as follows:

1-5 visits\_\_\_\_\_\_\_\_ 6-10 visits\_\_\_\_\_\_\_\_ 11-20 visits\_\_\_\_\_\_\_\_ 21-25 visits\_\_\_\_\_\_\_\_ 26-50 visits\_\_\_\_\_\_\_\_

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If at any time during your treatment you become ineligible for coverage by your insurance, you will be responsible for 100% of your bill. You are responsible for obtaining any prior authorization for treatment from your insurance carrier. For special modalities not covered by your benefit plan, a written agreement will be signed between you and your clinician. This agreement should cover the fees and treatment plan and should never contain fees more than fee-for-service discount rates that your benefit plan provides.

Minor Patients:

The adults accompanying a minor and the parents or guardians are responsible for full payment. For unaccompanied minors, non- emergency treatment will be denied unless charges have been pre-authorized to an approved payment plan or payment by cash or check at time of service has been verified.

MISSED APPOINTMENTS: EFFECTIVE December 1, 2011

Unless cancelled, at least 24 hours in advance, there will be a $40.00 charge for missed appointments. Emergency situations will be considered. Please help us serve you better by keeping scheduled appointments.

Miscellaneous Fees:

There will be a charge of $50.00 for letters written by psychotherapist.

Please sign below indicating you understand the financial policy:

Patient or Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_