
Financial Policy

We are committed to providing caring and professional mental health care to all of our clients. As part of the delivery of mental health services, we have established a financial policy that provides payment policies and options to all of our customers. This financial policy is designed to clarify the payment policies so that you, the “Person Responsible for Payment of Account,” can be informed and understand your payment options.

As our client you are required to sign the form, Payment Contract for Services, which explains the fees and collection policies of our office. Your insurance policy, if any, is a contract between you and the insurance company. Depending on your insurance carrier we may not be part of the contract with you and your insurance company.

As a service to you, we will bill insurance companies and other third-party payers if we are an out-of-network provider. But we cannot guarantee your benefits or the amounts covered and are not responsible for the collection of your payments. In some cases insurance companies or other third-party payers may consider certain services as not reasonable or necessary or may determine that services are not covered. In such cases you are responsible for payment of these services. we charge our clients the usual and customary rates for this area. Clients are responsible for payments regardless of any insurance company’s arbitrary determination of usual and customary rates.

By signing below as the Person Responsible for Payment, you are agreeing to be financially responsible for payment of the services we provide to you and, as such, responsible for paying funds not paid by insurance companies or third-party payers after 60 days. Payments not received after 120 days are subject to collections. A 1% per month interest rate is charged for accounts over 60 days.

Your insurance deductibles and co-payments are due at the time of service if we are an in-network provider. Although it is possible that mental health coverage deductible amounts may have been met elsewhere (e.g., if there were previous visits to another mental health provider during the current year that were prior your first session with us), we will collect this amount until we verify the deductible payment with the insurance company or third-party provider.

Clients are responsible for payments at the time of services. The adult accompanying a minor (or guardian of the minor) is responsible for payments for the child at the time of service. Unaccompanied minors will be denied nonemergency service unless charges have been preauthorized to an approved credit plan, charge card, or payment at the time of service.

Missed appointments or cancellations less than 24 hours prior to the appointment are charged at a rate noted in the Payment Contract for Services.

Payment methods include check, cash, or credit/debit cards.

Clients using credit cards may either use their card at each session or sign a document allowing us to automatically submit charges to the charge card after each session.

I (we) have read, understand, and agree with the provisions of the Financial Policy.

Person responsible for account: _____ Date: ____/____/____

Co-responsible party: _____ Date: ____/____/____