

FINANCIAL AGREEMENT
AND ASSIGNMENT OF INSURANCE BENEFITS

While we will do our best to verify your insurance coverage prior to your visit, we cannot guarantee that your insurance will cover all or some costs of services. Given changes in health coverage laws, many insurance policies now have a high amount you must pay before insurance will begin paying for services (deductible). Some insurance companies only pay a percentage of the charge (coinsurance) after a deductible is met. Additionally, some insurance companies may have a set amount you must pay for each session (co-pays). **You are responsible for checking with your insurance company regarding coverage and knowing your insurance coverage for psychotherapy.**

You are responsible for payment of co-pays, deductibles, or fees for services not covered by insurance. Failure to pay your balance or set up a payment plan within 90 days of insurance payment will result in your balance being sent for the collection process.

Please initial

____ I consent to the use of a diagnosis in billing, and to the release of that information and other information necessary to complete the billing process.

____ I hereby assign my insurance benefits to be paid directly to the provider.

____ I understand that I am financially responsible for all services regardless of insurance coverage.

CANCELLATION
AND MISSED APPOINTMENT POLICY

If you are unable to attend a scheduled session, we request that you provide at least 24 hours advanced noticed to the office.

Sessions beginning after 4pm are in especially high demand; therefore, we ask that you provide as much notice as possible if you are unable to attend so that we may offer this time to another client.

For cancellations made with less than 24 hours notice or a scheduled session that is completely missed, please note you will be billed a NO SHOW or LATE CANCEL fee of \$75 since we are unable to use this time for another client.

As a courtesy, we will send you a text reminder the day before your scheduled session. Regardless of an appointment reminder, you are ultimately responsible for attending your session or a timely cancellation.

Chronic no-shows or cancellations, regardless of timing, may result in a discontinuation of services.

By signing below, I acknowledge that I understand and agree to the Financial Agreement and Assignment of Insurance Benefits Policy as well as the Cancellation and Missed Appointment Policy

Signature of Client or Parent/Guardian if client is under 18 years of age

Date

Print Name

Date