

Financial Policy

Payment & Fee Policy:

We are committed to providing you with the best possible care. Payment for services is due at the time of service. I accept cash, checks, Master Card, and Visa. Our fees:

Individual, Family and Marriage Sessions intake is _____ per hour, follow up sessions are _____ per hour, or if paid by cash or check _____ per hour.

Payment methods: Checks and cash must be received before the session if sent via mail, cash app or certified check. If payment has not been received, the session must be rescheduled.

Counselor Administrative Services: Treatment Summary Requests, Professional Letters, and Phone/Conference calls will be billed, if requested, at the individual therapeutic rate for a minimum of 30 minutes.

Court Appearances and Depositions are double the therapeutic hourly rate. This would include travel expenses and time away for the office. Payment is to be made in advanced and any unused funds will be refunded. The retainer is a minimum of 4 hours and we will need a credit card on file in the event the court hearing goes over.

A cancellation fee is charged for appointments with **credit/debit only** that are no show or canceled without **2- business days advance notice** unless there is an emergency or illness. The no-show fee is equivalent to your normal session fee.

Returned checks are subject to a \$45 fee

If a patient's appointments are being covered by PIP, we must have a credit card on file in the event that your claims are denied, or benefits are exhausted. Please note that any charges not covered by the third party will be the patient's responsibility.

Disclosure:

Please be aware if for any reason we do not receive payment, your information may be used during a debt collection.

To secure your appointments, please enter credit card information below. I authorize Dianne Brown to place my credit card information on file to charge for any applicable/outstanding fees.

(Required) CC# _____ Exp: _____ CVC: _____

Policy on Insurance Reimbursement: If you have medical Insurance that provides coverage for mental health counseling, we want to help you receive your maximum allowable benefits. We will be happy to help you process your insurance claim form for your reimbursement. A completed insurance form must accompany any such request at each visit. You are responsible for mailing it to the insurance company and tracking your reimbursement. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, called "Usual, Customary and Reasonable" (UCR). Some companies pay a percentage of the UCR for a given area. However, some companies reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. If your company requests a report from us in order to process your claim, we will need to receive our normal hourly fee from you for this service.
5. I am financially responsible for this treatment and for any portion of the fees not reimbursed or covered by my health insurance. By signing below, I agree to the terms listed above.

Signature _____ Date _____