

BUSINESS OFFICE INFORMATION
Life Counseling and Play Therapy

CANCELLATIONS: If you wish to cancel an appointment, please do so at least 24 hours in advance of the scheduled time. Cancellations made after that deadline will usually be charged at the full fee. If you call after business hours, please leave a message on the office voicemail. Charges for late cancellations are your responsibility, not the responsibility of the insurance company or other third party payment source.

FEES: All fees, insurance co-pays, and deductibles must be paid at each appointment. Payment options are as follows: cash, check, money order, debit or credit card. It is your responsibility to determine the co-payment amount; this can usually be done by telephoning your insurance company. If you do not know your co-pay amount, you will be charged an average co-pay of \$25.00 per session. Should this amount later be determined to be more or less than the actual co-pay amount, your account will be adjusted accordingly.

USE OF HEALTH INSURANCE: Please understand that insurance coverage is an agreement between you and your benefit carrier to pay some of your bill. You are responsible for the payment of your bill regardless of the status of your insurance claim. We will not become involved in disputes between you and your insurance company over payment or in disputes between you and another party over payment of costs. In the case of family therapy, the bill will be in the name of the person carrying the primary insurance benefit.

Under some circumstances (such as court ordered evaluation or court ordered treatment) the treatment may be legally necessary but not medically necessary and therefore may not be a covered benefit through your insurance. In those situations, patients are required to pay all fees prior to or at the time of the service.

If your insurance company requires preauthorization in order for services to be covered, it is your responsibility to obtain this prior to receiving services. Likewise, if a referral from a primary care physician or lock-in provider is required for your insurance, it is your responsibility to obtain this referral prior to services being provided. Failure to do so may result in a disruption of provided services and we appreciate our cooperation in these issues to help insure continuity of care.

COLLECTIONS: All past due accounts where no efforts are being made to pay will be referred to a collection agency.

FINANCIAL CONSENT: I have read the above policy and agree to follow these policies and terms as set forth for payment.

Signature of Client or Parent

Date