



## Financial Policy

Thank you for choosing our office for your mental health care needs. The treatments we provide are an excellent investment in an individual's and family's well-being. Financial considerations should not be an obstacle to obtaining this important, life-enhancing care. We are available to answer your questions or assist you in any way we can.

For our clients with mental health benefits: Your insurance policy is an agreement between you and the insurance company. We will verify that you have insurance coverage based on information you have given us. We are happy to assist you by filing the necessary forms to help you receive the full benefits of your coverage. We can make no guarantee of any estimated coverage or payments made by your insurance company. You are responsible directly for all charges. We anticipate that payment will be received from your insurance company within 90 days of the date that we file your claim. We are unable to provide a discount for any services covered by insurance; to do so would constitute insurance fraud.

All of our fees and/or co-payments will be due and payable at the time treatment is rendered. You may make full or partial payment by Cash, Check, MasterCard or Visa. For our insured clients, rather than estimating the uninsured amount due, we will be glad to bill the exact difference to your credit card when the insurance check is received. Prearranged monthly payments may also be set up through our Business Manager and billed to your credit card on a predetermined date each month.

Accounts over 90 days may receive an 18% annual service charge. A \$30.00 handling fee will be imposed for any returned checks marked Insufficient Funds.

Should collection action and/or lawsuit be instituted to collect any part of this obligation, the below named Account Representative agrees and promises to pay all collection costs including, but not limited to court costs and attorney fees.

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**Client Name (Please Print)**

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**Account Representative (Please Print – must be 18 or older)**

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**Relationship to Client**

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**Account Representative (Signature – must be 18 or older)**

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**Date**