

Financial Policy Agreement

I will accept insurance assignment of benefits after approval of those benefits and after payment of deductible. I require co-payment or the balance of payment at the time of service. If your insurance company requires their own claim form for billing, you need to supply that for me.

If you are covered by an employee assistance program, I will bill and accept payment in full from the EAP for the number of covered sessions. Your eligibility must be authorized prior to treatment.

You are responsible for knowing what benefits your policy covers and of any changes in your benefits. Your insurance policy is a contract between you and your insurance company. I am not a party to that contract.

If the insurance company has not paid within 45 days, you will be billed for the fees.

MISSED APPOINTMENT: Unless cancelled 48 hours in advance, you will be charged the full fee for a missed appointment. Cancellations must be made by phone. Please make every attempt to make your scheduled appointment.

I understand and agree to this financial policy: _____

Date: _____