



FINANCIAL POLICY

We seek to offer the best services and facilities to our clients. Our financial policy is designed to aid us in continuing to provide you with the highest level of quality care.

INSURANCE REIMBURSEMENT, BILLING, PAYMENT.

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. If you have questions about your coverage, please contact your health plan administrator. We will file claims and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled. However, **you are ultimately responsible for full payment of fees**. The cost for the initial session is \$225.00. Our hourly fee for individual counseling is \$175.00. _____ (Initial)

PAYMENT.

Payment is required at the time of your visit. **It is your responsibility to know what your copay amount is and to pay it upon arrival**. We accept cash, check, or credit/debit card (Visa, MasterCard, Discover). Some HSA cards can also be processed. Payment will include any copay amounts, non-covered charges from your insurance company, and remaining balances from previous services. If you do not carry insurance, we do require payment in full at the time of your visit. Checks returned for non-sufficient funds (NSF) will incur a \$35 service charge. Payment plan terms must meet internal policy guidelines and be arranged prior to the due date on your first statement. _____ (Initial)

MISSED APPOINTMENTS.

Once an appointment hour is scheduled, you are asked to provide 24 hours' notice of cancellation or a fee of \$150 will be charged. Your insurance policy would not cover this fee. If it is possible, your provider will try to find another time to reschedule the appointment. Repeated late cancellations or no shows may result in same day scheduling or discharge from the practice. _____ (Initial)

COLLECTIONS.

Collection processes are initiated for balances 60 days past due. We will make every attempt to contact you prior to collection action; however, if we do not receive payment in full by the due date on our final statement, your account may be referred to collections. _____ (Initial)

PROFESSIONAL FEES.

There may be a charge assessed for other professional services you may need. Other services include report writing, documentation, telephone conversations that last longer than 15 minutes, attendance at meetings with other professionals you have authorized, and time spent performing other services you may request such as testing. If you become involved in legal proceedings that require our participation, you will be expected to pay for professional time. Because of the demands and time required with legal involvement, we charge \$300.00 per hour for preparation and attendance at any legal proceedings. _____ (Initial)

I acknowledge the I have reviewed this policy and give permission for Chosen, PLLC to bill my insurance as applicable.

Printed Name of Patient/Parent/Guardian

Signature of Patient/Parent/Guardian

Date