

## CENTERS FOR FAMILY CHANGE FINANCIAL POLICY

The following is a statement of our Financial Policy. We require you to read and sign the Financial Policy prior to treatment. By signing the policy you are agreeing to the terms and conditions set out in it. Please let us know if you have any questions.

Our fees are based on treatment received and not on outcome.

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH or CHECK.**

### ***Regarding Insurance***

***You must complete the insurance section of the Application Form if you wish us to submit your claim.***

We may accept assignment of insurance benefits after confirming coverage. If your insurance includes mental health benefits, we will submit your claim. However, confirmation or authorization of benefits is not a guarantee of payment for services. In the event your insurance company rejects the claim, you are responsible for payment in full. You are responsible for any non-covered services, deductibles and co-payments.

### ***HMO/PPO/Managed Care***

Those clients who have insurance plans in which we are participating providers are responsible for any deductible and/or co-payment. **Clients are responsible** for obtaining authorization prior to treatment, and for notifying their therapist if their insurance coverage changes.

### ***Usual and Customary Rates***

Our practice is committed to providing the best treatment for our clients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

### ***Minors***

The adult accompanying a minor is responsible for full payment at the time of service. Full payment must be sent with an unaccompanied minor.

### ***Additional Charges***

There is a \$35.00 charge for bounced checks.

### ***Missed Appointments***

We charge for all failed appointments and for all appointments canceled with less than a **full 24 hours notice. Monday appointments** must be canceled by Saturday at 5 PM.

We charge for all appointments that are canceled due to illness if you fail to reschedule and keep your next scheduled appointment.

Clients will be charged a full fee of \$150.00 for all missed appointments. **This fee must be paid by the client and cannot be charged to insurance.**

**I have read the Financial Policy. I understand and agree to the terms of this Financial Policy:**

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Client or Responsible Party

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Client or Responsible Party