

CENTERS FOR FAMILY CHANGE 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.

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

We reserve the right to stop and/or end treatment for non-payment.

Regarding Insurance

We accept assignment of insurance benefits. However, confirmation of benefits or authorization of treatment is not a guarantee of payment. In the event your insurance company rejects the claim, you are responsible for payment in full. You must complete the insurance section of the Application Form if you wish us to submit your claim.

You are responsible for any non-covered services, deductibles, co-insurances and co-payments.

You are responsible for obtaining authorization, when required, prior to treatment. If you fail to obtain authorization you may be responsible for the full fee!

Changes in Insurance Coverage

You are responsible for notifying us if your insurance coverage changes. If you fail to do so, you will be responsible for any charges that your insurance company denies.

Minors

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

Additional Charges

There is a **\$35.00** charge for bounced checks.

Missed Appointments

We will **charge you** for all missed 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 or 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