

Financial Policy and Agreement

Unless prior arrangement is made, full payment is due at the time of service (TOS). Payments may be made with cash, check, Visa, MasterCard, Discover and American Express. There will be a \$35 fee for a returned check. Coupons and specials do not apply to insurance co-pays, coinsurances or deductibles or in addition to any other offer.

For your convenience, we will bill your insurance provider. You are responsible for and will be billed for any resulting unpaid balance. If we are unable to obtain a verification of benefits from your insurer for any reason, we will require full payment at the TOS. If you obtain insurance coverage or your financial situation changes, rates may be subject to change.

The agreed TOS fee is \$ ____/hour (determined by: __hardship __coupon)
You insurance reports that your copay amount is \$ _____ per visit
Accounts more than 30 days overdue will be charged a \$10 administrative fee. Accounts greater than 90 days overdue will be sent to a collection agency.

Cancellation Policy: Please provide us with a notice of cancellation at least 24 hours in advance of your scheduled appointment. If cancellation notice is less than 24 hours, or you fail to come for a scheduled appointment, there will be a fee of \$35 or 50% of the time of service rate whichever is greater.

- I understand it is my responsibility to contact my insurance company should I have a dispute with coverage.
- I understand that I am financially responsible for all charges, whether or not they are covered by my insurance.
- I hereby authorize the release of all information necessary to secure payment for services rendered.
- I understand that if I disagree with any charges, I will contact this office in writing within 30 days of billing date.
- Should legal action be taken by this office to collect an unpaid balance due for services provided, I agree to pay reasonable attorney's fees or other such costs as the Court determines proper.

These policies are subject to change without notice.

I have read, understood and agree to the policies described above:

Signature: _____ Date: _____