

**Client / Therapist Financial and Scheduling Agreement**

Dear Client:

To facilitate clear financial agreements I find it helpful to clearly outline policies regarding payments and appointment scheduling. It is very important to me that business matters do not have negative impact on our therapeutic relationship. This also gives you an opportunity to ask any questions you might have. In this way we can begin our initial session with a clear understandings and expectations.

- **PAYMENT** – Payment / co-payments for services are due at the time of service delivery *at the beginning* of the session.
- **PAYMENT RESPONSIBILITY** – Clients are responsible for all charges incurred, including all fees that are unpaid or denied by your insurance company.
- **INSURANCE** – Third party payment (direct payment to me from your insurance company) may be accepted on a limited basis for the few insurance panels I am a provider for ComPsych, Humana (LifeSynch), and Corpheath only. All sessions not covered by insurance will be charged at the full fee for service rate. On request, for services paid for out of pocket, I will provide a statement that contains the information necessary for you to submit to your insurance company. In all cases you are responsible for verifying your benefits and informing me of any changes. Most misunderstandings about insurance or failure to pay benefits can be avoided if you understand what your policy provides and the appropriate authorizations, pre-approval, or physicians referrals that are required. If you anticipate a change in insurance or insurance coverage, it is important to discuss the ahead of time, as this my influence continuity of care and reimbursement.
- **DECLINE OF INSURANCE UTILIZATION** – You have the right to exercise the option to pay in full out of pocket and decline use of your insurance benefits. We will establish a fee for service arrangement. In other words, this means you will pay our agreed upon rate rather than filing for insurance benefits.
- **APPOINTMENTS** – This office has a policy of charging a fee for all missed appointments. Appointments must be canceled within a minimum of **24 business hours** prior to your appointment time. (Cancellations for Monday need to occur on the Friday before your scheduled time). If you cancel less than 24 hours you are responsible for paying your fee in full. A \$25.00 cancellation fee with be charged for non emergency cancelations.
- **SCHEDULING** – Our initial contact and appointment may occur via email through my website. After initiation of services all client communication needs to occur by direct voice contact or voice mail. Your PHI (Private Health Information) is best protected this way. I cannot guarantee that your PHI will be protected via email or text. Please use my confidential voice mail at (512) 301-0452.

I have reviewed and understand these policies. Any questions I have raised have been sufficiently answered and I understand that any fees or charges incurred by myself or my dependents are my responsibility in full.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Responsible Party Name

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date