CLIENT FINANCIAL RESPONSIBILITIES POLICY

Client Obligations

Fees for service are charged in accordance to treatment modalities and may be subject to change within any given year. Treatment fee are your responsibility, including deductibles, copayments, and denied claims. It is your responsibility to understand which services are covered by your policy and which are not. You are also accountable to ensure that you do not exceed the yearly maximum number of visits allowed.

Insurance

We may accept some insurances. If you have questions regarding coverage, please contact your insurance company or our office. This office may bill secondary insurance if we are in-network and given insurance information needed to do so. If any information is given to us after previous office visits have occurred, it may be too late to back bill even if insurance was effective.

Fees for Services or Co-Pays

Any applicable fee for services or co-payment must be paid at the time of your appointment or you may not be seen for your appointment. You may be charged a $10.00 service fee for any fees owed and not paid at the time of service.

Forms of Payment

We accept cash, paypal and most major credit card forms of payment.

No Shows/Cancellations

A 24-hour advanced notice is required for the cancellation of any appointments. Client must call our office regarding any cancellation of an appointment. Any cancellation of a treatment appointment with less than 24 hours will be charged a fee of $50. A cancellation of a specialist appointment (i.e. Psychologist, MD etc) will be charged a fee of $200. No show patients may additionally be charged a fee up to the amount of payment per session.

Credit Card on File

We require a valid credit card to be held in a secure system to be charged only if the patient cancels an appointment with less than 24 hours. You may provide this information directly to office staff and/or your clinician to be inputted into the secure system. Additionally, this card information may be stored to pay future financial obligations/fees.

Self-Pay

Clients have the option for self-pay. These arrangements are made on an individual basis. If this is a preference, please us to set up an appropriate self-payment plan prior your first appointment.

(Client Initials)__________________________

(Print Date) ____________________________

Jennifer Grube, L.C.S.W.
Author ~ Coach
Psychotherapy | Cognitive Behavioral Therapy | Consulting

Other Services

Any additional services such as letters, reports, phone contacts, depositions, court appearances, etc. are not covered by your insurance and will be billed at an hourly rate if you request said services. Court testimony will be at a charge of $175.00 per hour for a clinician and $300.00 per hour for a specialty doctor (travel time included) and payable in advance. Any formal letter, report or written deposition will be at a charge of $ 150.00 from a clinician and $300.00 from a specialty Doctor (scalable for time less than 1 hour) and payable in advance.

Refunds

There will be no refund for out-of-pocket co-payments or insurance payments received for services rendered.

I have read, understood and agree in full with this policy and my financial responsibilities and obligations.

(Print Name)____ **(Signature)**____

(Print Address)____ **(Phone/Mobile)**____

____ **(Print email)**____

____ **(Print Date)**____

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