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Author ~ Coach
Psychotherapy | Cognitive Behavioral Therapy | Consulting

CLIENT FINANCIAL RESPONSIBILITIES POLICY - Page 1 of 1

CLIENT FINANCIAL RESPONSIBILITIES

Client Obligations:

Fees for services are charged in accordance to treatment modalities and may be subject to change within any given time. Treatment fees are your responsibility, including deductibles, co-payments, denied claims, private pay, etc. 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. If private pay, and your session goes beyond the time frame agreed upon, you'll be billed accordingly.

Insurance:

We MAY accept some insurances. If you have questions regarding coverage, please contact your insurance company to see if your therapist is in-network or out of network. Insurance companies and coverage changes often and we often choose to bill you directly and you may get reimbursed. Any fee for service must be paid at the time of your appointment or your therapist may not see/talk with you. You may be charged a 10% service fee for any fees owed and not paid for at the time of service or according to invoice.

Forms of Payment:

We accept cash, paypal and most major credit card forms of payment. If you choose to use a certain app (such as Venmo or Cash App), please gain authorization from our office.

No Shows/Cancellations:

A 24 hour advanced notice is required for the cancellation of any appointments. Any cancellation of a treatment appointment with less than 24 hours will be charged a fee of \$70. A cancellation of a specialist appointment (i.e. Psychologist, MD etc) will be charged a fee of at least \$300. No show clients may 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 client cancels an appointment within less than 24 hours. You may provide this information directly to the office manager or your clinician to be inputted into the secure system. Additionally, this card information may be stored to pay future financial obligations//fees.

Private/Self Pay

Clients may invoke private or self pay. These arrangements are made on an individual basis. If this is a preference or necessary option, please work with us to set up an agreeable private or self-payment prior to your first appointment.

Other Services

Any additional services such as letters, reports, phone contacts, etc. will be billed in accordance to time involved. We do not attend court in person. We may agree to video/phone call. Fees for the above will begin at \$250 (scalable for time less than 1 hour and payable in advance.

Refunds

There will be no refund or 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) _____