

Hope and Healing Child and Family Counseling

1108 W South Jordan Parkway #B South Jordan, Utah 84095
385-215-9084

Finance Policy

- Fees: 55 minute therapy session \$125
medication management - \$100-\$225 depending on services provided
letter \$125
Court \$125 per hour including driving time and wait time
no show fee \$75/late cancellation fee (within 24 hours of appointment) \$50
- You must pay your co-payment at the time of the office visit. Our contracts with insurance companies require us to collect your copay at the time of service. We accept cash, credit cards, and checks as forms of payment. In the event a personal check is returned unpaid from your bank, your account will be charged a \$30.00 returned check fee.
- We require you to keep a credit card on file so we can collect co-insurances, deductibles, and other unpaid balances as soon as your insurance carrier assigns the appropriate amount of patient responsibility. During the time you leave a credit card on file, if it expires or otherwise becomes uncollectable, we expect you to promptly provide a new means of payment
- Your appointment time is held specifically for you. Therefore, you must cancel any appointments you cannot keep **24 hours in advance** or you will be assessed a **\$50 late cancellation fee**. If you fail to show for an appointment, you will be assessed a **\$75 no show fee**. This will be billed to your credit card within a week of your missed appointment. You are responsible for keeping track of your appointment times. We often send reminder emails as a courtesy only, but you are responsible for no show fees if an email reminder is not sent.
- **Know your insurance benefits.** Please inform us if you wish to utilize insurance. It is your responsibility to verify and understand your insurance coverage. You are responsible for payment for all services provided in this clinic. We are unable to guarantee whether or not your insurance will provide payment for the services provided to you. If we are paneled with your insurance company, we will submit a claim to them once. If they deny the claim, you will be responsible for the cost of the session. If we do not accept your insurance, we will provide you with a receipt that you may turn in to your insurance company for reimbursement. If a third party such as an insurance company is paying for part of your bill, we are normally required to give a diagnosis to that third party in order to be paid. All of the diagnoses come from a book titled the DSM 5.
- If your account is **self-paid**, all services must be paid for at the time of your visit.
- **All statements are due upon receipt.** Balances greater than 60 days are subject to be sent to a collection agency. Accounts sent for collection action may accrue a collection fee of up to 30% of the balance. Patients will never be denied access to necessary medical services due to a financial issue; however, patients may be discharged from the practice due to delinquent balances. If a patient is discharged from the practice for financial reasons (including bankruptcy), we will give 30 days notice and provide emergency care during that period of time, while a new provider is established for your child.

Patient Name

Date

Parent Name

Parent Signature