**Fees and Policies Agreement:**

If you plan to submit claims to your insurance company, it is our policy that the entire fee is due at the time of service.

As a service to our clients, The Therapy Shop staff will submit your insurance claims. Please provide us with the necessary information.

**CO-PAYMENTS, CO-INSURANCE and DEDUCTIBLES are due at the time of the service.**

In the event the undersigned is entitled to health insurance benefits of any type, insuring patient or any other party liable to client, their benefits are hereby assigned to this health care facility for application to the client’s account. I authorize this health care facility to release information, including medical records, to my insurance company or the designee of my third party payer (authorized agent) as may be necessary to determine benefits, process and pay health care claims, and perform a quality of care review. The Therapy Shop can make no guarantee that your insurance company will provide payment for services rendered.

**It is your responsibility to know what is and is not covered under your policy. You are responsible for the full amount of the charge, whether or not your insurance will cover any portion.**

If your insurance company requires preauthorization of services, you are responsible to inform us. Be aware that most insurance companies have an annual maximum of benefit for outpatient mental health coverage.

Time billed for court appearances, court case review, report writing, telephone or email consultations, and other charges excluded by insurance coverage are the client responsibility.

A service charge of 1.5% (18% annual rate), or the highest statutory amount allowed, whichever is higher, will be charged on accounts past due 60 days. If payment from insurance is not received within 90 days to the account is due and payable in full. An account 90 days past due will be subject to collection procedures and/or small claims court, and the client agrees to be held reasonable for the cost disbursement including reasonable attorneys, collection and court fees. There is a fee of $30 for checks returned for insufficient funds. Minnesota Care Tax will be added where applicable.

**Cancellations:**

We require that you give us 24-hour notice when canceling an appointment. This will allow us to schedule the time for someone else**. IF YOU FAIL A SCHEDULED APPOINTMENT OR CANCEL WITH LESS THAN A 24 HOUR NOTICE, YOUR CREDIT CARD WILL BE CHARGED THE SESSION FEE.** This policy is waived only for true medical emergencies that require a doctor’s visit or ER treatment.

I have read and agree to the above, and hereby guarantee payment of all charges for services with the financial arrangements of The Therapy Shop. Any special arrangements contrary or in addition to the above are written below.

I hereby acknowledge that The Therapy Shop HIPPA/Notice of Privacy Practices and Patient Rights Handout has been made available to me.

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|  |  |  |  |  |
| Printed Name |  | Signature |  | Date |
|  | | |  |  |
| Signed by Clinic | | |  | Date |