

FINANCIAL POLICY

Cyndie Ford Purdy, LMHC is committed to providing you with the best possible therapeutic care. In order to achieve this goal, we need your understanding and acceptance of our financial policy.

PAYMENT FOR SERVICES IS DUE AT THE TIME SERVICES ARE RENDERED: We accept cash, personal checks, MasterCard, Visa and Discover. Returned checks are subject to a service charge of \$20.00 and you may lose your privilege to write checks at our office.

PAST DUE ACCOUNTS: There will be a monthly charge of 10% of the unpaid balance added to an account with an outstanding balance after 60 days. This does not include accounts with pending insurance claims. Outstanding balances must be paid before new appointments will be scheduled.

INSURANCE COVERAGE: Co-payment and deductible must be paid at the time of service. As a courtesy, we will gladly file your insurance claim. In the event the insurance company reimburses you directly, we expect to receive payment from you promptly for any outstanding balance. If you pay for services at the time they are rendered, any insurance reimbursement received by this office will be promptly forwarded to you as long as there is no outstanding balance on your account.

Please read the following carefully:

1. **Your insurance coverage is a contract between you, your employer, and/or your insurance company. We are not party to that contract. You are solely responsible for charges incurred at this office.**
2. **Not all services are a covered benefit. Some insurance companies arbitrarily select certain services they will not cover (e.g., marital therapy, telephone conferences, reports, 60 minute sessions). If your insurance company does not cover services received at this office, you are responsible for these charges.**

We must emphasize that as your mental health provider, our relationship is with you and your health, not your insurance company. **All charges are your responsibility from the date service is rendered.** For balances in your account after 90 days, including those that insurance has not paid, collection action may be taken. If the account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and costs of collection. We realize that emergencies may occur that affect timely payment of your account. If such an extreme case occurs, please contact this office promptly for assistance in the management of your account.

NO SHOW OR SAME DAY CANCELLATIONS: Clients who do not attend or cancel their appointment on the same day it is scheduled will be charged a fee. All future appointments may be cancelled until this fee is paid. Kindly give 24-hour notice if you are unable to keep your appointment. We do not overbook appointments.

FEE PAYMENT AGREEMENT

\$125.00.....60 minutes	Initial Diagnostic Evaluation & <u>60 Minute Sessions</u>
\$100.00.....45 minutes	Individual Psychotherapy
\$115.00.....60 minutes	Individual Psychotherapy
\$115.00.....45 minute	Couples/Family Psychotherapy
\$100.00.....prorated per hour	for letters, reports and telephone consultation, etc.

There will be a charge for letters, reports, telephone or e-mail consultations, psychological reports, requests to provide information to another entity (attorney) or contact other healthcare providers, prorated at \$100 per hour with a minimum charge of \$25.00. By signing this Financial Policy, I acknowledge that I understand and accept these terms and that I will abide by them.

Signature

Date

Witness

Date

Copy given to client

Copy refused by client

Revised 05.15.18