



## FINANCIAL / INSURANCE AGREEMENT

1. Your payment or co-payment or out of pocket fee is due at the time of the service rendered. If a payment or **co-payment is not made at the time of the service, the amount of the payment or co-payment** will be charged to the credit card provided by the client at the time of intake. *If said charge is not approved for any reason, there will be an additional billing fee of \$5.00 due at the time of the next service (in addition to the amount of the payment or co-payment which was not approved).*
2. Amy Lane APRN, L.L.C, will submit your insurance claims and assist you in working with your insurance company. **Ultimately it is your responsibility to understand and navigate your insurance benefits. There are often many subsets or restrictive clauses in healthcare plans. Each insurance plan contracts with your place of employment independently, thus creating individual plans of service.**
3. In the event that you have multiple insurance policies, Amy Lane APRN, LLC will submit claims **ONLY** to your primary insurance carrier. It is your responsibility to furnish claim information to your secondary or tertiary payers to request additional reimbursement. If any additional reimbursement is approved, this payment should be made payable to the policyholder directly.
4. All outstanding balances that are not covered by your insurance company must be paid in full within thirty (30) days of the post-date of any bill sent from our office. Any remaining balance which is not paid successfully through your chosen credit card company within one hundred twenty (120) days of the bill's post date will be turned over to collections unless a payment plan is arranged through Amy Lane APRN, L.L.C.
5. Telephone consultation services are \$65.00 per hour and are not payable through insurance companies. Fee may be processed during the next appointment, or charged through your chosen credit card.
6. There will be a 24 hour cancelation policy. If for any reason you are unable to attend a session please call, and or send an email through the website. This will time stamp your cancellation. Any scheduled appointment that is missed, and was not cancelled by the client more than twenty-four hours in advance is subject to a \$65.00 no show fee.
7. If you are currently enrolled in **CT Medicaid/Husky insurance**: A no call or no show, or the cancelation of an appointment within less than 24 hours is cause for **termination** from the practice.

By signing below, I agree to abide by the above financial policy and authorize Amy Lane APRN, L.L.C, to charge any fees which are not paid to me at the time of service to the following credit card:

Card#: \_\_\_\_\_ Exp date: \_\_\_\_\_

Circle one: VISA MC DISCOVER AMEX Security Code: \_\_\_\_\_

Signature of cardholder \_\_\_\_\_ Date \_\_\_\_\_