



FINANCIAL / INSURANCE AGREEMENT

1. Your payment or co-payment 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. 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.
4. There will be a 24 hour cancelation policy. If for any reason you are unable to attend a scheduled session, please call and/or send an email through the website. This will time stamp your cancellation notification. 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.
5. Virtual sessions via Zoom Online Meetings are subject to the 24 hour cancelation policy. An email notification is automatically generated by Zoom Online Meetings, and forwarded to Amy Lane LLC, when a session is joined by a scheduled meeting attendee. If a scheduled meeting is unattended, the \$65.00 missed session fee will apply and be charged to the credit card on file.
6. If you are currently enrolled in CT Medicaid/Husky insurance, a no call or no show for an appointment within 24 hours is cause for immediate 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: _____

Cardholders Full Name: _____

Circle one: VISA MC DISCOVER Security Code: _____

Signature of client _____ Date _____