

## **7. Financial Agreement**

### **Financial Agreement**

This Financial Agreement outlines the financial policies and responsibilities between Healing Counseling Center, Inc. and our clients. By signing this agreement, you acknowledge your understanding and acceptance of these policies.

Please initial next to each section of this document to acknowledge that you have read and understood its contents.:

### **Insurance and Billing**

Initial \_\_\_\_ It is the client's responsibility to provide accurate and up-to-date insurance information. As a courtesy, we will file claims with your insurance carrier. However, you are ultimately responsible for understanding your insurance benefits and coverage. Co-payments and deductibles are due at the time of service, as required by your insurance plan. You are also responsible for payment of any services not covered by your insurance.

### **Payment Responsibility**

Initial \_\_\_\_ If you do not have insurance, full payment is expected at the time of service. The rate for services will be discussed during the intake process. Any changes to the provider's self-pay rate will be communicated to you in writing. We accept cash, all major credit/debit cards, and CareCredit. For all in-office sessions, payment is required at check-in before services are rendered.

### **Copays, Deductibles and Private Pay**

All co-pays, deductibles, Private pay charges and outstanding balances are due at the time of services being rendered. If you need payment assistance we offer CareCredit as a financing option. Initial \_\_\_\_ If your account is one session past due, you will not be permitted to attend your next scheduled appointment unless payment is received by 5:00 p.m. the day prior to the appointment for

TELEHEALTH SESSIONS. Initial \_\_\_\_ For in-person sessions, any outstanding balance must be paid at the time of your next scheduled appointment, in addition to the required copay.

## **Missed Appointments**

Initial \_\_\_\_ If you are unable to attend your scheduled appointment, please notify your therapist at least 24 hours in advance. For appointments that are scheduled for 45 or 60 minutes in duration, arrival later than 15 minutes will be considered a Late Cancel. For appointments that are scheduled for 30 minutes in duration, arrival later than 10 minutes will be considered a Late Cancel. This will result in your appointment being cancelled, and the Cancellation Fee will be charged to your account. The Cancellation Fee is \$125.00 and CANNOT be billed to your insurance. If you miss two consecutive appointments, your regularly scheduled appointment slot may no longer be available for future bookings.

## **Telehealth Services**

Initial \_\_\_\_ An active credit/debit card must be saved on file for telehealth appointments. If payment is not successfully processed by 5:00 PM the day before your session, your appointment will be canceled. If you cancel or do not attend your appointment, we will void the charge at that time unless you no show to the appointment. The difference for the no show fee will be charged when it occurs. Our no show fee is \$125. This helps prevent issues with declined payments and outstanding balances. We appreciate your understanding and cooperation as we work to provide the best possible care. If you have any questions or need assistance updating your payment information, please contact us by phone 940-220-9307 or email Susan at [susan@healingcounselingcenter.com](mailto:susan@healingcounselingcenter.com).

## **After Hours Charges**

Initial \_\_\_\_ All sessions scheduled after 5:00 PM will be billed at 3:00 PM on the day of the scheduled appointment. If payment is not successfully processed by the time of your session, you will need to provide a new Credit Card on File (CCOF) at the time of your appointment. If you cancel or do not attend your appointment, we will void the charge at that time unless it is a no-show. In the case of a no-show, the no-show fee of \$125 will be charged when the missed session occurs. This change is being implemented to help prevent issues with declined payments and outstanding balances. We appreciate your understanding and cooperation as we continue working to provide the highest quality of care. If you have any questions or need assistance updating your payment information, please contact us at 940-220-9307 or email Susan at [susan@healingcounselingcenter.com](mailto:susan@healingcounselingcenter.com).

## **Weekend Sessions**

Initial \_\_\_\_ All weekend sessions will be billed the day before the scheduled appointment. If payment is not successfully processed by 5:00 PM the day before your session, your appointment will be canceled. If you cancel or do not attend your appointment, we will void the charge at that time unless you no show to the appointment. The difference for the no show fee will be charged when it occurs. Our no show fee is \$125. This is implemented to help prevent issues with declined payments and outstanding balances. We appreciate your understanding and cooperation as we work to provide the best possible care. If you have any questions or need assistance updating your payment information, please contact us by phone 940-220-9307 or email Susan at [susan@healingcounselingcenter.com](mailto:susan@healingcounselingcenter.com).

## **Collection Policy**

Initial \_\_\_\_ Accounts that remain unpaid may be referred to a collection agency. You will be responsible for any fees associated with the collection process.

## **Client Acknowledgment**

I have read and understand the financial policies of Healing Counseling Center, Inc. I agree to comply with these policies and accept financial responsibility for all services rendered.

**Client Full Name:**

Date: