

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 Care Credit. For all in-office sessions, payment is required at check-in before services are rendered.

Copays, Deductibles, Private Pay Charges, & Outstanding Balances

All co-pays, deductibles, private pay charges, and outstanding balances are due prior to the time of services being rendered. If you need payment assistance, we offer Care Credit as a financing option.

Initial ____ If your account is one session past due, you will not be permitted to attend your next scheduled appointment (in-person or Telehealth) unless payment is received prior to the start of your

session. Initial ____ For in-person sessions at our McKinney location, any outstanding balances must be paid prior to the start of your next scheduled appointment, in addition to the required copay.

Sessions scheduled after 5 PM will be billed at 3 PM the same day. Initial ____ For in-person sessions at our Lewisville location, sessions will be billed at 9 AM morning of the scheduled session. Any outstanding balances and copays must be paid prior to the start of your scheduled appointment.

Telehealth Services & Weekend Sessions

Initial ____ An active credit/debit card must be saved on file for all appointments. Telehealth & Weekend Sessions are billed the day before the scheduled session. If payment is not successfully processed prior to the start of your session, your appointment will be canceled. If you cancel your appointment, we will void the charge at that time unless you late cancel or no show to the appointment. The difference for the no show fee will be charged when it occurs. Our late cancellation and 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.

Late Cancellations & No-Shows

Initial ____ If you are unable to attend your scheduled appointment, please notify your therapist at least 24 hours in advance and the fee will be waived. 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 Late Cancellation Fee will be charged to your account. Additionally, no-showing your appointment without advance notice or communication to HCC staff or your therapist will result in a No-Show Fee. The Late Cancellation and No-Show Fee is \$125.00 and CANNOT be billed to your insurance. If you no-show two consecutive appointments, your regularly scheduled appointment slot may no longer be available for future bookings.

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: