

## **Cultivating Hope Counseling Services, PLLC Financial Policy**

Cultivating Hope Counseling Services (hereafter referred to as CHCS) is committed to providing caring and professional mental health care to all its clients. As part of the delivery of mental health services, a financial policy has been established that provides payment policies and options to all consumers. The financial policy of CHCS is designed to clarify the payment policies.

The person responsible for payment of treatment is required to sign the Financial Policy as well as the Payment Contract, which explains the fees and collection policies of the clinic. Your insurance policy, if any, is a contract between you and the insurance company; CHCS is not part of the contract with you and your insurance company.

Clients are responsible for payments at the time of services. The adult accompanying a minor (or guardian of the minor) is responsible for payments for the child at the time of service. Unaccompanied minors will be denied nonemergency service unless charges have been preauthorized to an approved credit plan, charge card, or payment at the time of service.

### **Insurance Companies and Third-Party Payers**

As a service to you, CHCS will bill insurance companies and other third-party payers but cannot guarantee such benefits or the amounts covered. In some cases, insurance companies or other third-party payers may consider certain services as not reasonable or necessary or may determine that services are not covered. In such cases the person responsible for pay of treatment is responsible for payment of these services. Clients are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates.

The person responsible for payment of treatment is financially responsible for paying funds not paid by insurance companies or third-party payers after 60 days. Payments not received after 120 days are subject to collections.

Although it is possible that mental health coverage deductible amounts may have been met elsewhere (e.g., if there were previous visits to another mental health provider since January of the current year that were prior to the first session at CHCS), this amount will be collected by CHCS until the deductible payment is verified to the clinic by the insurance company or third-party provider.

All insurance benefits will be assigned to this clinic (by insurance company or third-party provider) unless the Person Responsible for Payment of Account pays the entire balance each session.

**Full fees, insurance deductibles and co-payments are due at the time of service.**

**Missed appointments or cancellations less than 24 hours prior to the appointment are charged at a rate of \$75.00.**

**Payment methods include check, cash, or the following charge cards: Visa, Mastercard, American Express, Discover. Clients using charge cards may either use their card at each session or sign a document allowing the clinic to automatically submit charges to the charge card after each session.**

Questions regarding the financial policies can be answered by CHCS.

I (we) have read, understand, and agree with the provisions of the Financial Policy.

Person responsible for account; \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-responsible party: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_