

## FINANCIAL POLICY

Cyndie Ford Purdy, LMHC is committed to providing you with the best possible therapeutic care. In order to achieve this goal, we need your assistance and understanding of our financial policy.

**PAYMENT FOR SERVICES IS DUE AT THE TIME SERVICES ARE RENDERED:** We accept cash, personal checks, MasterCard, Visa and Discover. Returned checks are subject to a service charge of \$20.00, or 5% of the face value of the check, and you will lose your privilege to write checks at our office. There will be a \$15.00 monthly charge added to any account which has an outstanding balance after 60 days. This does not include accounts with pending insurance claims.

**NO SHOW/CANCELED APPOINTMENTS:** Clients who do not attend or cancel their scheduled appointment will be charged an office visit after the first no-show or same day cancellation. Kindly give 24-hour notice if you are unable to keep your appointment. **We do not overbook appointments.**

**INSURANCE COVERAGE:** **Co-payment and deductible must be paid at the time of service.** We will gladly file your insurance claim for you. In the event the insurance company reimburses you directly, we expect to receive payment from you promptly for any outstanding balance. If you pay for services at the time they are rendered, any insurance reimbursement received by this office will be promptly forwarded to you as long as there is no outstanding balance on your account.

**MINORS OF DIVORCED PARENTS:** **Payment is due at time of service** no matter who is responsible by order of the divorce decree.

**FINANCIAL AGREEMENT:** We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however, that:

1. **Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract.**
2. **Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover (e.g., marital therapy, telephone conferences, reports).**

We must emphasize that as your mental health provider, our relationship and concern is with you and your health, not your insurance company. **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICE IS RENDERED.** For balances in your account after 90 days, including those that insurance has not paid, collection action will be taken. If the account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney's fees and costs of collection. We realize that emergencies do arise that may affect timely payment of your account. If such extreme cases do occur, please contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to contact us.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date