



## Financial Policy

**Payment options if you have insurance:** Insurance is a contract between you and your medical carrier, and we are not a party to this contract. We will file insurance claims as a courtesy to our patients. We cannot negotiate issues related to deductibles, co-payments, covered charges, or eligibility. Co-pays are due at the time of service. If we have not received payment from your insurance carrier within 60 days, you will be responsible for services rendered. If we receive payment from your insurance carrier after you have paid, we will return the insurance payment directly to you. We will estimate what your insurance carrier will pay, however your insurance company makes the final determination of your eligibility and benefits. If your carrier is not contracted with us, you agree to pay any portion of the charges not covered including those above the usual and customary allowance. **Initial** \_\_\_\_\_

**Payment options if you have no insurance:** Payment is due at the time of service. You may pay by cash, check, or credit card. I offer a 20% discount for full payment at the time of service. **Initial** \_\_\_\_\_

**Referrals and Pre-authorizations:** Your insurance carrier may require a referral from your physician and/or a pre-authorization for us to provide services. It is your responsibility to obtain a referral or preauthorization if required by your insurance company. Please note that failure to obtain a referral and/or preauthorization may result in a decreased or no payment from your insurance company, and the balance will be your responsibility. **Initial** \_\_\_\_\_

**Returned Checks:** There is a fee of \$25.00 on all returned checks not honored by the bank. **Initial** \_\_\_\_\_

**Past Due Accounts:** Accounts 60 days past due will be assessed a 10% finance charge monthly. If your account becomes past due, we will take steps to collect this debt. If we must refer your account to a collection agency, you agree to pay all collection costs incurred, including reasonable lawyer fees and court costs as necessary. **Initial** \_\_\_\_\_

**Monthly Statement:** If you have a balance on your account, we will send you a monthly statement. If additional statements are desired, please discuss options with the owner of Pathways To Communicate, LLC. **Initial** \_\_\_\_\_

**Cancellation Policy:** Consistency in attending services is important for successful progress. Scheduled appointments are held for you and are not available to others. If you are unable to keep an appointment, please call at least 24 hours in advance to avoid a no-show fee. Missed appointments will be billed at \$25.00 and are not covered by insurance. Exceptions include weather-related closures and emergencies. **Initial** \_\_\_\_\_

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Financial Policy original can be found via *Pathways To Communicate, LLC*

