**Financial and Treatment Policy**

Thank you for choosing Envision Psychological Services, PC as your mental health care provider. We are committed to your treatment being successful.

**In order to serve you better, our office requires that you understand and agree to the following:**

**FEES:**

We require payment in full at the time of service unless prior arrangements have been made with the business office. We accept cash or checks. Co-pays are due at time of service. There will be a **$25.00** fee for returned checks. (NSF)

**APPOINTMENTS:**

Successful on-going therapy requires a commitment on the part of the client. It is important that you keep your appointment. You are responsible for preauthorization from your insurance company. You are responsible for charges not eligible and/or covered by your medical insurance plan.

You can leave a cancellation message on our voice mail if a staff member is not available. **A charge of $100.00 will be assessed for appointments or cancellations without 24 hours advance notice.**

**COLLECTION POLICY:**

The balance on all accounts is due in full within 30 days of the billing date. An interest charge of **7.50%** will be applied to all accounts 60 days or more past due. Past due accounts may be subject to additional charges incurred, including collection agency fees, attorney fees and court costs.

**TELEPHONE CONSULTATIONS:**

Time spent with you on the telephone by your mental health professional other than for appointment information may be charged at a prorated hourly charge.

**CONFIDENTIALITY AND RELEASE OF RECORDS:**

All information regarding patients is considered strictly confidential and will not be given out to anyone without your written consent. In the event of request for transfer of records, the records will be forwarded upon completion of a consent form and a payment fee of **$50.00**. Preparation of forms and reports requires review and often, discussion with the client. A fee of **$25.00** to a maximum of **$150.00** per hour will be assessed.

**INSURANCE BILLING:**

We will file your claim as a courtesy to you with your Primary Insurance Carrier. We will not file claims to Secondary Insurance Carriers. It remains your responsibility to pay any deductibles, copayments or other amounts your carrier determines as payable by you. If your insurance carrier has not paid for our services after a **60 day period**, you will be expected to pay your balance in full. It is your responsibility to provide us with updated information if your insurance company changes or your coverage terminates. You authorize your clinician to furnish your health insurance, any and all information that any insurance company may request concerning yourself and/or dependents.

By signing this you agree to the terms stated above:

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