

Clinic Policies

- Co-pays (if applicable) are due *at the time of service* and can be made through cash, check and credit card.
- The clinic will submit claims to your insurance company, and clients are responsible for any unpaid balance that may be due. We strongly encourage you to contact your insurance company to verify information about your benefits.
- This clinic is not a Medicare provider. In the event you have Medicare as your primary insurance, you will be responsible for payment at time of services.
- If your therapist is not contracted with your primary or secondary insurance, you will be responsible for the difference in reimbursement.
- All clients should notify the clinic of any insurance change during the course of treatment and provide a copy of new insurance card and information. In addition, please provide changes in telephone numbers and addresses for billing purposes.
- Any balance is due *upon receiving a statement*. Unpaid balances will be charged to your credit card after 30 days.
- A returned check will result in a \$25 fee and/or any other fees applied by the bank.
- Requests for paperwork/forms: Requests for disability paperwork will not be completed by this clinic. You may have your disability attorney request your records (at the \$30.00/fee + \$0.20/page rate) and make a determination based upon these records. Requests for emotional support animals will not be completed by this clinic. You may have records requested at the above rate, for which they can make this determination. All other paperwork/forms to be completed by this clinician (including but not limited to FMLA, letters to employers or schools) will be charged at the clinician's hourly rate.
- Litigation Limitation – You agree that should there be legal proceedings (such as, but not limited to divorce/custody disputes, injuries, lawsuits, etc.), neither you nor anyone else acting on your behalf will call on the clinician to testify in court or at any other proceeding. If my appearance at court is required by law and you signed a release allowing this, my fee is \$1500/day and must be paid in full 30 days prior to the expected court date.
- Cancellation Policy – Please provide 24-hour notice for cancellations or changes to appointments. In the event that you are unable to cancel within 24 hours, this will be considered a No Show (if no notice is provided) or Late Cancellation (if less than a 24 hour notice is provided). *A Late Cancellation will result in a \$50.00 fee. A No Show will result in a \$75.00 fee.* The clinician can terminate services based on multiple No Shows/Late Cancellations.

- Your therapist will attempt to return calls within 24 hours with the exception of weekends, holidays, and vacations. In the case of an emergency, please contact either 911, go to your local Emergency Room, or contact Stormont Vail Behavioral Health (785-270-4600).