CENTERS FOR FAMILY CHANGE FINANCIAL POLICY

We require all clients to read and sign the Financial Policy. By signing the policy you are agreeing to the terms and conditions set out in it. Please note that:

- Our fees are based on treatment received and not on outcome.
- **FULL PAYMENT IS DUE AT THE TIME OF SERVICE.**
- *We reserve the right to stop treatment for non-payment.*

Regarding Insurance

We accept assignment of insurance benefits. However, confirmation of benefits is not a guarantee of payment. In the event your insurance company rejects your claim you are responsible for payment in full. You must complete the insurance section of the Application Form if you wish us to submit your claim.

Please note that you are responsible for:

- Deductibles, co-insurances, co-payments and services not covered by insurance.
- Obtaining authorization, when required, prior to treatment. If you fail to obtain authorization you may be responsible for the full fee!
- Notifying us if your insurance coverage changes. If you fail to do so, you will be responsible for any charges that your insurance company denies.

Minors

- The adult accompanying a minor is responsible for full payment at the time of service.
- Full payment must be sent with an unaccompanied minor.

Additional Charges

There is a **$35.00** charge for bounced checks.

Missed Appointments - We Require a Full 24 hours Notice for Cancelation!

We will charge you our full fee of $150.00 for:

- **All missed appointments**
- **For all appointments canceled with less than a full 24 hours notice (Monday appointments must be canceled by Saturday at 5pm)**
- **For appointments canceled due to illness that are not rescheduled**

*(Missed appointment fees are charged **to you** and cannot be paid by your insurance)*

By Signing this form I affirm that I have read the Financial Policy, and understand and agree to honor the terms of this Financial Policy:

X_____

Date_____

Signature of Client or Responsible Party

X_____

Date_____

Signature of Client or Responsible Party

Witness (Centers for Family Change therapist): _____

Date: