



FINANCIAL POLICY INSURANCE (THIRD PARTY) & SELF PAY

Thank you for choosing **Balance Stress Management and Therapy**. The office is located at 620 Wing Street, Unit 3, Elgin, IL 60213. We are committed to providing you with the best possible services. Your understanding of Balance's Financial Policy is important to forming a successful therapeutic alliance.

The charge for your service is **\$165.00 per initial consultation and \$150.00 per visit unless otherwise agreed upon through private pay**. This can be billed to your insurance company. You will be responsible for co-pay determined by your insurance company, and the remainder of any fees associated with your account as detailed in your monthly statement.

A private pay rate must be established between therapist and client before beginning treatment. At the bottom of this contract you will fill in the agreed upon private pay rate and you and your therapist will sign off on that rate.

You must pay for your copay for first session at the time of the first session. This may be paid in cash, by check, or billed to your credit card. (We accept Visa, MasterCard, American Express).

Balance does require you provide credit card information at your first session. This information is kept in the secure credit card processing company file. We do not keep copies of this information on site. Credit cards can be used to pay deductibles, co-pays, and invoiced charges. The fee for this service is **\$5 per transaction**. Though you may also choose to pay these costs by cash or check, fees that are not paid within 21 days of the invoice date are charged to your credit card on file and the \$5 fee is applied. This prevents the possible need for collection agencies and protects the client from the treatment affecting their credit.

Your Balance therapist is available for brief telephone consultation and encourages you to call, especially in crisis situations. Extended therapy related telephone contact (**15 minutes or longer**) is billed to your credit card on file at your agreed upon session fee.

Should you choose to use insurance benefits, Balance will assist you in processing claims by providing you with a statement suitable for insurance reimbursement or by billing your insurance carrier directly, as appropriate. It is important that you understand your therapist's relationship is with you not your insurance provider. Any assistance from Balance in processing insurance claims is provided as a courtesy to

you. Payment of all charges is your responsibility. Should you switch insurance carriers or choose to use your insurance during treatment, Balance will not reimburse private pay costs such as credit card transaction fees or be able to back-date insurance charges. The insurance will be billed from the date you initiate insurance billing.

A forty-five dollar (\$45.00) fee is charged for returned checks. If financial issues impact your ability to pay your fee, please discuss them with your therapist so Balance can work with you.

CANCELLATION POLICY

An appointment is a commitment between us. Your session time is reserved for you. Please be aware that your credit card on file is charged for our agreed upon fee if you do not give at least **twenty-four (24) hour notice of cancellation**. OR your missed session is counted as one of your sessions. This is **\$150.00** or your agreed upon private pay session fee of \$_____

_____ & _____

(signed by client)

(signed by therapist)

Please note: **Insurance does not pay missed appointment charges. You are responsible for paying this fee.**

I have read and understand the above Financial Policy. I have been given the opportunity to have my questions answered regarding this Financial Policy.

(Print name & date)

(Signature & Date)

(Or parent/guardian signature)
