

kp counseling
Client Financial Policy
Effective January 1, 2017

I. Financial:

- a. Deductible, Coinsurance and Co-pay's are due at the time of service.
- b. Self pay client rates are due at time of service.
- c. **Current clients** must sign a Client Financial Agreement. You can choose to pay at the time of service or have a credit card on file that will be charged on the day of service for any co-pay's, deductibles or coinsurance due. If there is a personal balance of \$500.00 or more currently past due you must set up a payment plan for the old balance by putting a credit card on file for an auto deduction. Any future appointments must be paid at the time of service, or by auto deduction. If you choose to pay at the time of service and you miss more than 3 payments after the agreement is made all future appointments will be cancelled until the account is made current.
- d. **New clients** will be given a Client Financial Agreement. You can choose to pay at time of service yourself or have a credit card on file that will be charged on the day of service for any co-pay's, deductibles or coinsurance due. If you choose to pay at the time of service and more than 3 payments are missed all future appointments will be cancelled until the account is made current or an auto deduction is set up.

II. Cancellation Policy

Twenty four (24) hour notice is required for any cancellations or you will be billed \$150.00. This is not a billable charge to your insurance company. All cancellations must be made by phone. Emails and text messages are not acceptable for cancellations.

III. Release of Information:

If you wish you to have any information provided to another doctor, family member for financial assistance, etc. you must fill out a Release of Information, sign and date it. This Release is good for one year unless you request it be removed.

IV. Clients who file bankruptcy:

If we receive a letter from the Court discharging a client in a Chapter 7 Bankruptcy the account balance is written off to bad debt. If you want to continue or come back for therapy we will verify your insurance benefits and payment must be made at the time of service for any amount responsible by the client. You will not be allowed the visit if payment is not made.

V. Return Checks:

An NSF charge of \$25.00 for any returned checks.

VI. Fee Schedule available upon request