

**PAYMENT AND CANCELLATION POLICY**

Payment is required at the time of service. Accepted forms of payment are cash, check, and debit/credit cards (Visa/MC).

**INSURANCE: OUT OF NETWORK**

You may submit paperwork to your insurance company for "out of network" reimbursement as I am a fee-for-service provider. I will provide you with a receipt of payment but it is your responsibility to contact your insurance provider and to work directly with your insurance provider to determine if using "out of network" benefits is an option for you. If this is a benefit that you can use then you will need to submit the claim and the appropriate paperwork to your insurance provider. Your reimbursement amount is based on your particular policy, your deductibles, etc. Payment for a full session is required at the time of service.

Please check your insurance coverage carefully by asking the following questions:

- Do I have out-of-network mental health insurance benefits? (In-network benefits do not apply to my services).
- What is my deductible and has it been met?
- How many sessions per year does my health insurance cover?
- What is the reimbursement amount that will be paid to me for each session when I submit my claims?

**CANCELLATION**

If you are unable to attend an appointment, please provide at least 24 hours advanced notice. Since I am unable to use your appointment time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not timely cancelled, unless such cancellation is due to illness or an emergency.

For cancellations made with less than 24 hour notice (unless due to illness or an emergency) or a scheduled appointment that is completely missed, you will be billed for the full session fee.

Printed Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Parent/legal guardian signature is required for any patient under 18 years of age.*

Parent/Guardian Printed Name:

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_