



Financial Policy and Payment Contract for Services

Client Name: _____ **Date of Birth:** _____

Person Responsible for payment of account: _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone Number: _____

The staff at MindPsi School Psychological Services, PLLC are committed to providing caring and professional mental health care to all our clients. As part of the delivery of mental health services, we have established a financial policy that provides payment policies and options to all consumers. The financial policy of the clinic is designed to clarify the payment policies as determined by the management of the clinic.

I. Fees for Professional Services

I(We) agree to pay MindPsi School Psychological Services, PLLC., a rate of :

\$ _____ per clinical unit (defined as 60 minutes) for individual or family therapy.

\$ _____ per group counseling session

\$ _____ for psychological assessment (including clinical interview, assessment administration, scoring and interpretation of results, report writing, and feedback session)

\$ __ 120 _____ for missed appointments or cancellations with less than 24 hours notice.

\$ __ 120 _____ per hour is charged for services not covered by insurance, such as school observations, school meetings, or extra report writing time.

\$ __ 500 _____ per hour is charged for court-related services (portal to portal).

II. Clients with Insurance (Deductible and Co-payment Agreement)

This clinic has been informed by either you or your insurance company that your policy contains (but is not limited to) the following provisions for mental health services:

Estimated Insurance Benefits

- 1). \$_____ Deductible amount (paid by insured party)
- 2). Co-payment \$_____ for _____ visits.

Your insurance policy is a contract between you and the insurance company; we are not part of the contract with you and your insurance company. As a service to you, the clinic will bill insurance companies and other third-party payers but cannot guarantee such benefits or the amounts covered and is not responsible for the collection of such payments. In some cases insurance companies or other third-party payers may consider certain services as not reasonable or necessary or may determine that services are not covered. In such cases the Person Responsible for Payment of the Account is responsible for payment of these services. We charge our clients the usual and customary rates for the area. Clients are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates. We suggest you confirm these provisions with the insurance company. Your signature on this form also gives our Clinic the ability to submit any paperwork via the internet that is requested by your insurance company related to your treatment and payment of services.

All Clients

Payments, co-payment, and deductible amounts are due at the time of service. Although it is possible that mental health coverage deductible amounts may have been met elsewhere (e.g. if there were previous visits to another mental health provider since January of the current year that were prior to the first session at this clinic), this amount will be collected by this clinic until the deductible payment is verified to the clinic by the insurance company or third-party provider.

The adult accompanying a minor (or guardian of the minor) is responsible for payments at the time of service. Unaccompanied minors will be denied nonemergency service unless charges have been preauthorized to an approved credit plan, charge card, or payment at the time of service.

Payment methods include check, cash, or Mastercard, Visa, Discover card. Clients using charge cards may either use their card each session or sign a document allowing the clinic to automatically submit charges to the charge card after each session.

Questions regarding the financial policies can be answered by the therapist or Director of the clinic, Dr. Dan Florell.

I (we) have read, understand, and agree with the provisions of the Financial Policy.

Person responsible for Payment of Account

Date:_____