



FINANCIAL AGREEMENT

Please review and sign the following statement of Embrace Healing and Wellness Therapy, LLC Payment Policy and Financial Agreement prior to receiving treatment. For purposes of this document, the terms “you” and “your” shall mean the client or the client’s guardian. The client’s guardian is a parent or individual who accepts financial responsibility for services rendered to the client and is legally authorized to consent and take action on the client’s behalf.

Rates

Rates are dependent on method of payment (insurance or private pay) and length of service.

In person sessions- offered at 50 min to an hour increments: \$150

Extended session (exceeding scheduled visit time): \$75-\$150

Phone session (30 min): \$75

Phone session (1 hour): \$150

Missed Visit (less than 24 hour cancellation or no show): Total cost of visit

(Please note that insurance does not cover the cost of missed appointments and you will be held responsible for the full cost of services for the missed visit)

Written Documentation Request: \$50-\$150/per hour preparation (depending on nature of request) and \$.25 per copy of pages requested. *(Request include those for legal purposes, work, school, disability claims, etc).*

You understand and consent to the following:

- You hereby authorize Embrace Healing and Wellness Therapy, LLC to release medical or incidental information to any requesting insurance company, third party vendor associated with obtaining prior authorizations, federal agency and other health care providers as necessary.
- You agree to assign any and all health care benefits to which you are entitled under any policy of insurance and authorize, to the extent permitted by the law, payment of those benefits directly to Embrace Healing and Wellness Therapy, LLC.
- You are required, and you agree, to pay at the time of service any required co-payments, co-insurance and deductibles, as well as charges for services not covered by insurance.
- In order to ensure you are scheduled efficiently, you will provide a 24-hour advance notice (from the time of your scheduled appointment) or earlier should you need to cancel your appointment for any reason. This allows services to go fourth for other clients who are in need of services. Should you neglect to do this and not arrive for your appointment, you will be billed for the total cost of the missed visit. Please note, insurance does not cover the cost for missed visits. This is a cost you will accrue.
- If Embrace Healing and Wellness Therapy, LLC/Latonia Coates-Smith, MSW, LCSW are not contracted with your insurance plan, you will be responsible for any amount unpaid by your plan.
- Unpaid balances will be billed to your address noted on file. You are responsible for paying the bill in full unless other arrangements have been arranged with the provider in advance. There is a fee of \$25 for returned checks. Delinquent accounts will be turned over to a collection agency at which time you will be responsible for collection charges and all associated legal fees in addition to the amount owed.
- It is the responsibility of the client to keep the provider informed of any changes to their method of payment on file. If any changes to the method of payment you have on file changes (including expiration or cancellation of cards, change in banking, etc) please alert the provider as soon as those changes occur to avoid a breach in this agreement.
- The information given to Embrace Healing and Wellness Therapy is complete and correct to the best of your knowledge.

By signing this document, you authorize any photocopies of this document to be as valid as the original.

Client/Guardian Printed Name _____ Signature _____ Date _____