



Veronica Wolf Counseling, LLC

Phone: 531-600-9584

Fax: 531-329-6807

Email: veronica@veronicawolfcounseling.com

Website: www.veronicawolfcounseling.com

## Policies and Procedures

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### Appointment and Your Responsibility

Veronica Wolf, PLMHP meets clients by appointment only. If you need to cancel an appointment, please provide a **minimum of 24-hour notice**. If advanced notice is not received, a “no show” charge will be assessed to you in the amount of \$50 dollars. Since insurance does not cover the cost of an office visit that you cancel without 24 hour notice, **you will be responsible for payment out of your pocket**. When you make an appointment it will be your responsibility to write down the date and time of the appointment.

### Financial Responsibility

Financial responsibility for services rests **with you, regardless of insurance coverage**. It is your responsibility to know what your insurance policy covers **before you come to session** by calling your insurance company and to determine if you need any pre-certification (prior authorization) before being seen. If your insurance company requires periodic prior authorization or prior notification after the initial authorization, **it will be your responsibility to gain the appropriate approvals** and give that information to Veronica Wolf Counseling, LLC. If your visit is denied by the insurance company due to the lack of notification or authorization, the client is responsible for the entire balance. If your insurance company fails to pay the claim within a 45 day period, you will be expected to pay the balance of your bill in full. Any balance not paid in full within a 60 day period will be sent to a collection agency. Veronica Wolf Counseling, LLC will not become involved in disputes between you and your insurance company regarding covered charges, deductibles, etc.

### Payments

Payment for counseling services is expected at the time of each visit. At your request, insurance claims will be filed for you if you provide all the applicable information requested in the *Client Intake Form*. Any balance not covered by insurance is the sole responsibility of the client to pay. A statement will be sent for any balance due that was not paid at the time of service.

### Request of Records

To access your medical information, you must submit a written request detailing what information you want access to, and whether you want to inspect or receive a copy of the record. A fee will be charged for requests, which covers costs to compile the report, supplies, and postage (if required). In addition, reports and summaries can be compiled for other organizations, legal representatives, and providers for a fee. Please allow 2 weeks to process and respond to requests.

*I understand the appointment, financial, and payment policy while receiving services from Veronica Wolf Counseling, LLC. In addition, I understand the procedures for request of records while receiving services from Veronica Wolf Counseling, LLC.*

\_\_\_\_\_  
Printed Client Name

\_\_\_\_\_  
Printed Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date