

Fitzpatrick and Watson Counseling, LLC

Jason Watson, LPC & Elizabeth Fitzpatrick, LPC
600 Interstate Park Drive, Suite 609
Montgomery, AL 36109
(334) 676-3520

PAYMENT POLICY

Fitzpatrick and Watson Counseling, LLC, is honored to serve you and your family. It is our hope to provide your family the best possible care. It is our policy to make financial arrangements **before** any treatment is started. Please review the payment policy described below, and do not hesitate to ask any questions.

1. Payment for services is due at the time services are rendered. We accept checks, money orders, cash, debit, and credit cards.
2. If you have insurance coverage you wish to use, we will help you with your insurance company by providing such services as verifying benefits and obtaining an estimate of coverage, filing claims, and providing whatever reasonable information your insurance company requests from us. However, please be advised that working with your insurance company is a courtesy service provided by Fitzpatrick and Watson Counseling, LLC, and we cannot guarantee that your insurance company will pay. **If your insurance company does not pay for any reason, you will be responsible for your remaining balance.**
3. The parent or guardian who brings the child for their initial visit is responsible for payment independent of what a divorce decree states. Reimbursement must be made between the divorced parents and we will not intervene.
4. Your appointment is reserved just for you. We require 24-hour notice of cancellation. If cancelling within the 24-hour period you will be charged a \$50 cancellation fee. Cancellations for Monday appointments must be made by Friday at 5:00 pm.
5. We require payment for the following additional services:
 - a. Telephone consultations are billed in 15 minute increments at our usual clinical rates.
 - b. Completion of insurance reports, letter, and other forms of written communication are billed in 15 minute increments at our usual clinical rates.
 - c. Legal consultation, report writing, correspondence, and telephone contact for legal action is billed at \$250 per hour for all clinicians. Payment in full is requested prior to releasing the prepared letters and reports in legal matters.
6. You may request one copy of your medical record for yourself in accordance with Health Insurance Portability and Accountability Act (HIPAA) at \$5 for the first 20 pages and \$1 per page after each additional page past 20.

I HAVE READ AND ACCEPT THE ABOVE PAYMENT POLICY. I UNDERSTAND AND AGREE TO THE TERMS SET FORTH REGARDING PAYMENT.

Individual Receiving Services (Client)

Date of Birth

Signature of Parent or Responsible Party

Date