JOHN R DAY & ASSSOCIATES, LTD
CHRISTIAN PSYCHOLOGICAL ASSOCIATES

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your successful treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy. We require you to read and sign this policy prior to any treatment.

All patients must complete and sign our New Patient Information Sheet before seeing the therapist.

PAYMENT FOR YOUR SESSION IS DUE AT THE TIME OF SERVICE. ANY DEDUCTIBLE AND/OR CO-PAY IS ALSO DUE AT THE TIME OF SERVICE. WE RESERVE THE RIGHT TO RESCHEDULE ANY APPOINTMENT FOR WHICH PAYMENT HAS NOT BEEN MADE.

WE ACCEPT CASH, CHECKS, DEBIT AND CREDIT CARDS. WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR APPROVAL.

Regarding Insurance: [No space between title and paragraph]
If you have health insurance, as a courtesy, Christian Psychological Associates will verify your benefits before your first visit. You will be informed of your payment responsibilities verbally and in writing at your first visit. You are ultimately responsible for knowing your own insurance benefits.

At your first visit, we will need to make a copy (front and back) of your current insurance card. You will also need to sign the "Informed Consent" form, which allows us to bill your insurance carrier using a universal insurance form. Christian Psychological Associates will bill your insurance carrier for each session. We may accept assignment of insurance benefits. However, we do require that your deductible/co-pay/coinsurance be paid at the time of service or we reserve the right to reschedule your appointment. If your Insurance Company has not paid your account in full within 45 days, the balance will become your personal responsibility. We will require that you pay us the balance in full and you must check with your insurance company to find out why payment was not made, and/or pursue reimbursement yourself. Your insurance policy is a contract between you and your insurance company. We are not a part to that contract. **In addition, if your account becomes past due and is placed with an agency for collection purposes, you will be responsible for all collection agency fees (which are typically 33-50%), reasonable attorney's fees, and court costs.**

Usual & Customary Rates:
Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor patients:
The adult accompanying a minor (the parent or guardian of a minor) is responsible for payment. If there is a court order indicating the parent not present is responsible for medical bills, Christian Psychological Associates will forward the bill(s) to the said parent if we receive a copy of the court order. **However, the court order is between both parents of the minor, not Christian Psychological Associates and the parents**. We do not "split bills." The parents must arrange payments themselves. Therefore, if full payment is not received within 30 days, **the parent initiating treatment and/or bringing the child to the appointment** is responsible for full payment regardless of signature or lack of signature below.

Billing:
Statements will be mailed to all accounts showing the balance owed. You will receive a statement even if there is a balance outstanding to the insurance company, which may include the balance owed by the insurance company. **Note: patient balances over 90 days will be sent to a collection agency. Patient or Responsible Party will be responsible for all costs of collections, including collection agency fees, attorney fees, and court costs.**

Late Cancellation/No Show Policy:
Office hours are Monday through Thursday, 7 AM to 8 PM and Friday 7 AM to 5 PM. We are closed on all major holidays. There is an answering service 24 hours a day, 7 days a week. **If an appointment needs to be rescheduled and/or cancelled, please call (309) 692-7755 24 hours before the appointment to avoid a late cancellation or no-show charge of $80.00**.

I have read and understand the financial policy of Christian Psychological Associates.

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Signature of Responsible Party (Patient/Parent/Guardian) Date