

**JOHN R DAY & ASSOCIATES, 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.

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:

If you have health insurance, as a courtesy, Christian Psychological Associates will verify your benefits before your first visit. **However, you are ultimately responsible for knowing your own insurance benefits.** If your Insurance Company has not paid your account within 45 days, the balance will become your personal responsibility.

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.

Responsible Party:

If you are 18 years old, you are fully responsible for your account. If someone else is responsible, you must provide us with their name, address, number, and email on page 1.

If the patient is a minor, the responsible party is the individual who brings the child regardless of relationship.

Billing:

In our effort to go paperless, statements will be emailed. You will receive a statement when there is a balance 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 (typically 30-50%).**

Interest on Balances and Chargeback Fees:

- We reserve the right to charge interest of 1.5% per month on accounts 90 days past due. If sent to collections, they will add 30% to the balance. Please read our Financial Policy carefully.
- Please contact us if you have questions on credit card charges. We can reverse/void charges if it is our error. If the charge is legitimate with the card we have on file or if you made a payment in error, any Chargeback Fees will be passed on to you.

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. Please leave a message after hours. **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.**

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

**Patient/Responsible Party Signature
(18 years and older or Responsible Party)**

Printed Patient Name

Date