



## Financial Responsibility Policy

At Grateful Insights, LLC we are committed to providing quality therapeutic services to our clients. This policy outlines the financial obligations of our clients and the procedures for payment for services rendered.

### **Payment for Services:**

**Fees and Payment for Services:** The standard fee for each therapy session is \$150 for self-pay clients. If you choose to use insurance, your session fee may vary depending on your insurance plan and the specific terms of your coverage. I use Therapymatch, Inc. (dba [Headway](#)) to manage my billing and administrative work so that I can place all my focus on our sessions. Headway manages everything related to payments and insurance to make things as easy as possible for you. The Headway team will reach out with an email to help you set up your account and add your insurance and payment details. You'll see your cost per session ahead of time and can check your benefits through the client portal.

Please be aware that insurance providers may require certain documentation and treatment plans for reimbursement, and by using insurance, you are consenting to the sharing of necessary treatment information for these purposes. You will have the opportunity to read and sign Headway's policy and consent form when you create your account.

### **Cancellation and No-Show Policy:**

We require at least 24 hours' notice for cancellations or rescheduling. Cancellations must be made at least 24 hours in advance, or you may be charged a late cancellation fee of \$75.

If you do not attend your scheduled session without providing prior notice of cancellation, you will personally be charged for the full session fee of \$150 as insurance will not cover no-show fees. After three no-shows or cancellations, the therapist may decide to discontinue treatment at their discretion.

**Late Arrivals:** If you arrive late for your appointment, the session will end at the scheduled time, and you will still be responsible for the full session fee of \$150.

### **Financial Hardship:**

If you are experiencing financial hardship, please notify us as soon as possible. We will do our best to discuss other arrangements, but these are subject to availability and approval by Grateful Insights, LLC. All financial arrangements should be discussed and agreed upon in advance.

### **Outstanding Balances:**

If you have an outstanding balance, we ask that you make payment arrangements as soon as possible. If payment is not received within 30 days of the outstanding balance being due, a late fee of \$25 will be applied. If the balance remains unpaid for more than 90 days, we may refer the account to a collections agency. If Grateful Insights, LLC

refers your overdue account to a collections agency or attorney, Grateful Insights, LLC will be entitled to collect its costs, expenses and attorneys fees related to any collection efforts, including litigation.

**Financial Responsibility Agreement:**

By signing below, you acknowledge that you have read, understood, and agree to the terms outlined in this Financial Responsibility Policy. You are personally responsible for all charges related to services rendered at Grateful Insights, LLC, including any charges not covered by insurance.

Printed name of client:

Date:

X

Client signature

By typing your name above, you acknowledge and agree that this constitutes your electronic signature.