

Financial Agreement

Client Name: _____

Date of Birth: _____

Name of Person Financially Responsible: _____

Relation to Patient: _____

By signing below, you are acknowledging that you have read, understood, and agree to the following financial policies of Insight Out Therapeutics and your individual therapist. This agreement is to serve as a legally binding financial agreement between the client named above, his/her/their financial proxy (as named above), and Insight Out Therapeutics. You further acknowledge that unless otherwise specified by *written* agreement, this policy will supersede all previous signed agreements.

Payment for Services:

• Insurance:

- Currently, we offer the ability to utilize your commercial insurance and Medicaid benefits to cover the cost of our services. Upon our contact with your insurance company, they may dictate that you are responsible for a portion of your benefit (a copay, co-insurance, member responsibility, etc). We will affirm coverage at the beginning of the calendar year; when you begin services with us; and/or when you inform us of a change to your coverage.
 - Any questions or issues of cost to you must be made between you and your insurance company as we are acting in good faith based on the information provided by your carrier in our verification of benefits.
- Any cost sharing that your insurance carrier shows as your responsibility is expected to be paid *prior* to services being rendered. **At this time we accept all major credit/debit/HSA/FSA cards, checks, cash, or money orders.**

• Self-Pay Clients:

- Our therapists and interns charge fees at variable rates. The cost per session is based on a 53-minute therapeutic hour. It is your and your therapist's discretion to go over or under that amount of time. Any fraction of that time will be prorated to the amount of time that the session went over/under. The time frames are as follows:
 - 0-37 minutes = 50% of the hourly fee
 - 38-52 minutes = 75% of the hourly fee
 - 53-60 minutes = 100% of the hourly fee
- Your payment is expected to be paid prior to services being rendered. **At this time we accept all major credit/debit/HSA/FSA cards, checks, cash, or money orders.**

• Extraneous Charges:

- Your therapist reserves the right to charge his/her session rate under the following circumstances: returning phone calls to clients and their attorneys, completing affidavits, writing letters on behalf of clients, etc.
- If asked to appear in court on your behalf, The charges are as follows:
 - \$325.00/hour. Billable hours are to start as soon as the therapist begins to prepare for his/her testimony to include, case review, travel (to accrue from the point of clinician departure), waiting to be called to testify, and testimony. Fees will continue to accrue until the clinician is excused by the court and his/her testimony is concluded plus return travel time.
 - A five (5) hour retainer (\$1625.00) is due prior to any preparation for testimony and all billable hours will be deducted from that amount. In the event of overpayment, a refund will be issued within 48 business hours *after* the clinician is excused from his/her testimony by the court. In the event of underpayment, an invoice will be forwarded to you within 48 business hours after the clinician is excused from his/her testimony by the court. Any balance that is not paid for more than 45 days from the date of service will result in your account being submitted to a professional collection agency unless payment arrangements have been made, and the client may be administratively discharged from our services and referred to another clinician outside of the agency.

• New Clients:

- New clients to our practice will be asked to place a credit card on file. The card will not be charged until the start of your session, where you will also have the ability to change payment methods.
- You will be required to submit all the paperwork along with a credit card authorization form 72 hours prior to your first appointment. If it is not returned within that time frame your appointment will be canceled and your card will not be charged.
- Should you not show up for your first appointment, or be more than 20 minutes late **for any reason**, your card will be charged \$75.00 for the missed session and you will be afforded an opportunity to reschedule the appointment.

• Appointment Reminders:

- Our system sends out automated appointment reminders. We have no control over when the reminders are sent. The reminder schedule is as follows:
 - Cell phone reminders:
 - When an appointment is made, changed, or canceled
 - 50, 26, 4, and 2 hours prior to the start of the appointment time.
 - Email Reminders:
 - When an appointment is made, changed, or canceled
 - 50, 26, and 2 hours prior to the start of the appointment time.

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• **Invoicing:**

- Clients who have been seen in the office for at least 90 days may be offered the privilege of invoicing their fees. In order to be considered for invoicing, the client must have an account in good standing, must not have more than two (2) missed sessions outside the 24 hour cancellation window, and must have at least one (1) future-scheduled appointment.

• **Cancellations:**

- Cancellations must be made no less than 24 **business** hours prior to the start of the appointment time. Monday appointments need to be canceled no later than close of business on Friday. To cancel an appointment scheduled on the day after a holiday, it needs to be canceled on the day prior to the holiday. Appointments may be canceled by calling out office and leaving a message, or emailing scheduling@insightouttherapeutics.com (it is preferable to email as you then have a record of your cancellation).
- In the event that you miss an appointment without giving any notice at all, or with a less than 24 hours' notice, you will be charged a fee of \$75.00, which must be paid prior to the beginning of your next session.
 - Your clinician has the final decision to waive this charge at the rate of one (1) time per quarter. This is applied at the **sole discretion** of your clinician.
 - Missing an appointment without proper notice may also result in the cancellation of future standing appointments. This is applied at the **sole discretion** of your clinician.
- Failure to properly advise us a total of two (2) times for a session you will miss will be considered client initiated termination at which time you will receive a letter to advise you of other counseling services in your area.
- As the therapeutic hour is important to have in full, should you be more than 20 minutes late for your session, your session will be canceled and a cancellation fee may be assessed at a cost of \$75.00. Waiver of this fee is applied at the sole discretion of your clinician.
- It is imperative that our clinicians have the full allotted time to assist you with your needs. Sometimes the unavoidable happens that impacts the timeliness of the clinician or the client. We offer a 20 minute grace period to all of our clients. Once that amount has passed, we will have to reschedule your appointment, and you will incur the same missed session fee as you would for a untimely cancellation - a fee of \$75.00.

• **Standing Appointments:**

- Currently, we allow a client to have at least 2 future appointments on the schedule at one time. Any deviation of the number and frequency of those future-scheduled appointments is also at the sole discretion of your therapist.

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Client Signature

Date

Responsible Party Signature

Date

Administrator Signature

Date