CHILD AND FAMILY THERAPY ASSOCIATES
1121 WESTRAC DRIVE S, SUITE 204
FARGO, ND 58103

Patient Financial Responsibility Policy

Financial Policies:

- As a private practice, it is important for us to manage reimbursements effectively in order to avoid billing issues from interfering with the psychotherapeutic process. Therefore, payment for each session is due at the time of service.
- Payment is due in full at the time that services are rendered. We will collect your initial estimated portion (deductible, coinsurance and/or copay) and then bill the insurance company for the session. You will be responsible for any outstanding balance following insurance reimbursement. Previously approved financial arrangements can be made for subsequent visits depending on the circumstances. Our office accepts Visa, MasterCard, Discover, Flexible Spending Account debit cards, personal checks, and cash as forms of payment.
- Although information regarding your insurance coverage is provided as a courtesy, we suggest that you confirm your benefits with your insurance company as well. We will work with your insurance company to help you receive the benefits for which you are entitled. However, you, not your insurance company, are ultimately responsible for full payment of fees.
- You will receive a Statement for Services if a balance remains on your account after insurance reimbursement is received by our office. The amount on your monthly statement is due upon receipt of your bill. We will continue to send a statement each month until the balance of your account is paid in full. A finance charge of 1.5% of the balance due will be applied to accounts over 30 days old. If your account has not been paid for more than 60 days after insurance reimbursement has been received by our office, and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment.
- As noted, statement balances are due upon receipt. This means that any outstanding balance at the time of your next appointment must be paid before the session begins.
- **In the case of parents who are divorced or separated, copayments and coinsurance payments are the responsibility of the parent accompanying the child to the therapy session.**
- Cancellation Policy: Once an appointment is scheduled you will be expected to pay for it unless you provide notice of cancellation. Exceptions will be made for emergencies or inclement weather. If you do not appear for a scheduled appointment, you will be charged up to 50% of the total fee for the day's visit. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.
- If you have any questions regarding your account balance, or if you are experiencing circumstances beyond your control, please discuss your concerns with your therapist.

Please Sign Page 2

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Patient Financial Responsibility Agreement

Welcome to the office of Child and Family Therapy Associates. We are happy to answer any and all questions regarding payment policies.

Our Policy requires payment at the time of service for your visit.

If you are a member of an insurance plan, it is your responsibility to:

- Provide us with information relative to your claim, including insurance card, number, birth date, and address. This information is requested on the Patient Registration form that we ask you to complete at your initial visit.
- Pay your estimated deductible, coinsurance, and copay at the time of service.
- Pay for services not covered by your insurance carrier upon receipt of the Statement of Services.

Insurance claims for your carrier are filed as a courtesy.

- To assist you with your payment, our office accepts Visa, MasterCard, Discover, Flexible Spending Account debit cards, personal checks, or cash.
- In the case of divorced or separated families, the parent bringing in the child for the session is responsible for payment at the time of the appointment.

When your bill is unpaid, a collection agency may be chosen to manage delinquent accounts. Please refer to the Psychologist/Therapist-Patient Services Agreement for our policy on delinquent accounts.

Cancellation Policy: Once an appointment is scheduled you will be expected to pay for it unless you provide notice of cancellation. Exceptions will be made for emergencies or inclement weather. If you do not appear for a scheduled appointment, you will be charged up to 50% of the total fee for the day's visit. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

Your signature below indicates that you have read the Patient Financial Responsibility Policy and the Patient Financial Responsibility Agreement and agree to its terms.

Patient name (print): ____

____ Date______________________
(Signature of patient/legal guardian)

Relationship to patient, if applicable: ____________________________________