

Miriam Vinton LPC

1049 Robertson ST. #2, Fort Collins, CO 80524

Financial Policy and Patient Agreement

Financial /Insurance Issues: As a courtesy we will bill your insurance company, HMO, responsible party or third party payer for you, if you wish. We ask that at each session you pay your co-pay. If you do not know your co-pay amount , we will collect \$20.00 until that amount has been verified and an adjustment will be made. In the event you have not met your deductible the full fee is due at each session until the deductible is satisfied . If your insurance company denies payment or does not cover counseling we request that you pay the balance at the time. If you make a payment by check and that check is returned for insufficient funds your account will be charged a \$15.00 fee.

Lastly, if you need to cancel or reschedule an appointment , we ask for 24 hours advance notice, otherwise you will be charged \$35.00 for the first time and \$60.00 for each time after. Exceptions can be made at the therapist's discretion in the following circumstances : true emergencies, sudden illness or adverse weather conditions. Insurance companies will not pay for missed appointments and they will be your responsibility. If at anytime you have questions regarding insurance fees, balances or payments please feel free to contact Susan at Psych Billing Service 303-359-7761.

If you are not using your insurance, payment of fees is due at the time of service. The fee for individual psychotherapy is \$110.00 per 55 minute session.

Regarding insurance, you are responsible to pay the full amount for services unless we have an agreement with your insurance carrier. You are responsible to make available to the Practice complete insurance information for accurate filing of claims. Insurance information includes 1) Any necessary referrals for primary and secondary insurance coverage, and 2) All identification and benefit cards and documents. You as the patient agrees that if the insurance company denies benefits for any reason, or if no payment is received from the insurance company within 30 days as designated by Colorado law, then the patient is responsible for the full amount immediately.

By this agreement, the patient also authorizes the exchange of information relating to care and claims with the patient's insurance company(s), and authorizes insurance payment to be made directly to the Practice for services provided under the patient's insurance agreement and otherwise payable to the patient.

Please pay all fees due before the start of the session.

PATIENT AGREEMENT: I have read and understand the Financial Policy above and agree to the terms stated.

Patient Signature

Patient Printed Name

Date