

## STATEMENT OF FINANCIAL POLICY

Our primary goal is to provide quality professional services for our clients and to be sensitive to the financial concerns that they express. We are providing this formal statement in order to full disclose our policies and expectations. By executing this agreement you are agreeing to pay for all services that are rendered.

### FINANCIAL AGREEMENT

All co-pays and services not covered by your insurance are due at the time of service. For the testing clients covered by insurance other than Medicaid, Caresource, Paramount, Molina, United Healthcare Community Plan, Veterans Choice or BWC, there is a \$25.00 testing materials fee due at the first date of service, that is not payable by insurance. It is the responsibility of the undersigned to track the limits of their insurance coverage, to ensure that treatment is authorized. The undersigned hereby authorizes the release of any information necessary to process insurance claims and request payment of benefits to the Flexman Myers Clinic. The undersigned hereby assigns and authorizes payment to be made directly to The Flexman Myers Clinic for all insurance benefits, and agrees to pay any remaining balance due. The undersigned also acknowledges their responsibility for any additional fees incurred, including testing materials fees, returned checks, late cancellation/no-show fees, copies of medical records, and late or non-payment of account balances. PLEASE NOTIFY OUR OFFICE OF ANY CHANGES IN YOUR COVERAGE. WE DO NOT OFFER DISCOUNTS (i.e. WRITE-OFF CO-PAYS, REDUCED FEES OR COLLECTION INSURANCE ONLY, ETC; THIS IS ILLEGAL).

If you have a medical card please present it to the receptionist for verification before each session. We will file your insurance for you. You are responsible for paying your copay at the time of each visit and for any charges not covered by your insurance. You are responsible for keeping track of the limits of your coverage, and to make sure sessions are authorized. Due to the changes which occur frequently with insurance plans, it has become increasingly difficult for us to keep track of every insurance plan that requires special authorization or timing of submission of claims. Therefore, it is the understanding of the undersigned that for any reason the insurance company denies charges associated with the care provided by The Flexman Myers Clinic, the undersigned is completely responsible for all such charges.

If for ANY reason your insurance fails to pay for services, you agree that you are responsible for these charges.

There will be a \$50.00 charge for any returned checks. We do not accept post-dated checks.

There is a \$35.00 charge for paperwork that has to be filled out by your therapist. For additional letters of compiled information there is a \$75.00 minimum charge.

A detailed list of all charges for our services can be obtained upon request from our front office personnel.

Your account will be turned over for collection process if no payment is made within 90 days of the last session. A fee of 30% of the balance will be added in such cases. After you receive your initial statement, each additional statement sent to you for prior services will include a \$25.00 handling fee. If necessary, please set up a payment plan to avoid incurring these fees.

**DEDUCTIBLE POLICY**

Upon verifying your insurance, should we find that your individual or family deductible exceeds \$200.00 you will be subject to our deductible policy. This requires that upon your first visit you pay an amount of \$170.00 for an evaluation and testing appointment and \$100.00 for your initial therapy appointment. This amount will then be applied to your insurance and then applied to your deductible. The next appointment which may be a testing or an individual therapy appointment, you will be responsible for paying \$50.00 per unit of testing or \$100.00 per hour of therapy. A testing appointment may be anywhere from one (1) to four (4) hours long with additional units charged for scoring and dictation. Therapy appointments may last anywhere from 45 to 60 minutes. This payment ensures our office that we receive some sort of payment. Please keep in mind that depending on the amount of your deductible, you may still receive a bill after payment is received and applied to the deductible.

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Signature of Client or Client's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Flexman Myers Clinic Witness

\_\_\_\_\_  
Date

\*This fee does not apply to those with active Medicaid, Caresource, Paramount, Molina, and United Healthcare Community Plan.

\*\*Active Medicaid, Caresource, Paramount, Molina, and United Healthcare Community Plan insurance patients will not be charged a fee for missed appointments, however, The Flexman Myers Clinic reserves the right not reschedule the client for an appointment due to a missed or late-cancelled appointment.