Stillwell
COUNSELING SERVICES
Individual and Family Counseling

Payment Policy

Thank you for choosing me as your health care provider. I am committed to working with you to make your treatment successful. Part of your commitment to that success is the prompt payment of your bill. Please read and sign the following statement thereby indicating your understanding of my payment policy.

Tina Stillwell, LSCSW: _____

REGARDING INSURANCE: Although I may accept assignment of insurance benefits, **the entire balance is your responsibility** until your insurance company pays. The office staff cannot bill your insurance company unless you provide insurance information and a signed release to your insurance company. Your insurance policy is a contract between you and your insurance company. Please be aware that some, and perhaps all, of the services provided may not be covered services under your insurance policy.

REGARDING BILLING: **Payment of your insurance copayment is required at the time of service.** If you have no insurance coverage available to you, payment in full will be required at the time of each session. My office will submit claims to your insurance carrier per the information you provide. You will receive a statement of all services and payments on a monthly basis. **Any financial difficulties that would prevent you from meeting this contract should be discussed with me.** Any credits which are created by insurance company reimbursement will be refunded to you.

REGARDING TELEPHONE CONSULTATION: You may be charged for telephone consultations with you, your attorney, or any other party regarding you. These charges are based on time and are equal to my normal fee for in person psychotherapy. Telephone consultation is not paid by insurance and will be billed in full to you.

REGARDING REPORT WRITING: You may be charged for preparation of reports or letters which may be required at any time during your psychotherapy process. These charges are based on time and are equal to my normal fee for in person psychotherapy and cannot be billed to your insurance company and will be billed in full to you.

MISSED APPOINTMENTS: Unless canceled **at least 24 hours in advance,** my policy is to charge for missed appointments. This charge cannot be billed to your insurance company. Please help me serve you by keeping scheduled appointments.

COLLECTIONS: If you fail to uphold your agreement to pay for your counseling services in a timely manner, your account may be forwarded for legal collection proceedings. At that time your name and other necessary information may be released to my agents for the purpose of collecting monies owed and additional cost of collection may be added to your balance due.

I have read the Payment Policy and I understand and agree to its contents:

_____ _____

Signature of Client or Parent if Client is a Minor *Date*

_____ _____

Signature of Co-Responsible Party *Date*