

ILHC FINANCIAL POLICIES AND AGREEMENT

Client Name _____

- Copays and balances must be paid at the time of service.
- Account balances must be up to date for future appointments to be scheduled or previously scheduled appointments to be maintained.
- For clients with insurance that does not require payment until Explanation of Benefits arrive, co-insurance or deductible payments are due upon receipt of the explanation of benefits from your insurance company. Future appointments will only be made once the payment is received, or if a credit card is on file.
- When no future appointments are planned, outstanding balances are due within 15 days of receipt of my statement.
- Benefits quoted by InnerLight Healing Center were provided by your insurance company and are NOT a guarantee of payment. We encourage you to contact your insurance company to verify information about your benefits.
- I agree to notify InnerLight Healing Center of any insurance change during the course of my treatment.
- Clients are responsible to pay balances and collect from HSA or Flex Plan accounts for their own reimbursement.

Self Pay Clients

- A 5% discount is provided for payments made in full at the time of service for clients not using insurance.
- Multiple session discount packages are available. Please ask for information. (5% discount does not apply)

Additional Fees

- A fee of \$50 will be added to your account for appointments that are cancelled less than 24 hours from the time of the scheduled appointment or if you fail to show for the scheduled appointment. Calls to cancel appointments may be left on voice mail over weekends and after hours. Should you fail to show for an appointment you will be contacted to verify the no show and any subsequent appointments may be cancelled.
- Phone consults with your therapist or paperwork specially requested by the client for the therapist to complete, that takes longer than 10 minutes, will be charged at a rate of \$10 for every 10 minutes spent by the therapist. Payment must be received before paperwork will be released.
- If it is necessary for InnerLight Healing Center to use a collection agency to receive payments from me, I will be assessed the fees charged by the collection agency.
- A \$25 fee will be assessed for a returned check and added to your account balance.

PAYMENT AGREEMENT (Please Initial your payment choice and sign below.)

1. _____ I agree to pay copays and balances at the time of service.

2. _____ I agree to allow InnerLight Healing Center to keep a credit card on file to charge co-pays or balances for my adolescent when they arrive for appointments, insuring no interruption in service.

For clients with insurance that does not require payment until Explanation of Benefits arrive these options are available:

3. _____ I agree to wait to schedule future appointments until the Explanation of Benefits arrives and I have paid the amount owed in full. (The wait time is usually 2-4 weeks but may be as long as 8 weeks depending on insurance.)

4. _____ I agree to pay the usual and customary amount for my insurance at the time of service, understanding that when the Explanation of Benefits is received by the Center, my account will be adjusted appropriately. This enables me to make future appointments as needed.

5. _____ I agree to allow InnerLight Healing Center to keep my credit card on file and charge it at the time my Explanation of Benefits arrives at the Center, for the amount indicated on the EOB. This will enable me to make future appointments as needed.

I UNDERSTAND AND AGREE TO THE ABOVE POLICIES, TERMS AND CONDITIONS.

Client/Responsible Party Signature _____ Date _____

Reason Client unable to sign _____

CREDIT CARD INFORMATION Circle One: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number _____ Exp. Date _____

Name on Credit Card: _____ Billing Zip Code _____

Signature _____ Date _____

(Any credit card information kept on file will be destroyed at the closing of the account.)