

BEHAVIORAL MEDICINE ASSOCIATES OF MID MICHIGAN, P.C.

FINANCIAL POLICY

Thank you for choosing us as your source of psychological services. We are committed to the success of your treatment. We consider payment of your bill as part of your treatment and ask that you read and sign this statement prior to beginning services.

The fee for a standard 38-53 minute therapy session is \$110.00. In order to keep our costs as low as possible, payment for services is expected at the end of each session. We accept cash, checks, or Visa/MasterCard. If we are a participating provider for your insurance plan, only co-pays and deductibles are due at time of service. We can bill your insurance company for the balance or provide you with all documentation necessary for insurance reimbursement. We will charge a \$5.00 billing fee if payment is not made at time of billing and you have to be sent more than one bill.

If you have questions about your coverage, your most helpful source would be your insurance company. Our office will be happy to assist you with any information needed for your insurance company to determine coverage.

We ask that you cancel appointments at least 24 hours in advance. This allows us to schedule others that may be waiting for an opening. We do charge for last minute cancellations or no shows. A minimum of \$25.00 is charged, up to the full fee if appointments are missed repeatedly. Please note, your insurance will not cover this.

I have read and agree to abide by this Financial Policy.

X _____
Signature of client or responsible party

Date

Your services at Behavioral Medicine Associates of Mid Michigan PC are confidential unless one of the following conditions exist: 1) written release signed by the client or responsible party 2) to seek help in a medical emergency 3) to seek help if child abuse is occurring 4) if a judge directs the release of information 5) for collection of your bill. We maintain confidentiality at the highest standards.