

FINANCIAL TERMS

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee of \$225.00 per 45 minute at the beginning of each session by check, cash, or credit card. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Daniel Davis if any problems arise during the course of therapy regarding your ability to make timely payments.

Upon verification of health plan/insurance coverage and policy limits, your insurance carrier will be billed for you and your provider will be paid directly by the carrier. The patient/guardian will be responsible for any applicable deductibles and co payments. If you are not eligible at the time of service rendered, you are responsible for payment. As was indicated in the section *Health Insurance & confidentiality of records*, you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems, which are dealt with in psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Daniel Davis can use legal or other means (courts, collection agencies, etc.) to obtain payment.

I have agreed to have my credit card billed if I miss a session or have a balance due. I understand and agree to all of the above information.

Patient (name printed)

Witness

Patient (Parent/Guardian) signature

Date

Name Exactly as it appears on the Credit Card

Expiration Date

Credit Card Number

Type of Credit Card