**Edwards Counseling Associates Clinic Financial Policy and Office Business Policies**

It is policy of Edwards Counseling Associates to provide our patients with access to the highest quality of mental health care available. In order for us to do so, we must ensure that we are able to meet our operational expenses. We ask that you read, understand, and sign our Financial Policy prior to receiving payment.

PAYMENT AT TIME OF SERVICE

As a courtesy, we will bill your insurance for all services; however, we ask that you pay any portion of your costs not covered by your insurance due to deductibles, co-insurances or co-payments on the day of service. Billing for these items is not only costly, but unpaid claims requiring additional collection efforts result in increased costs to both you and our other patients.

SUBMISSION OF CLAIMS

Your health insurance plan is a contract between you and your insurer. Although we file insurance claims as a courtesy to you, charges not paid by your insurance company are your responsibility. Working together, we can resolve most insurance issues in a mutually acceptable manner; nevertheless, it is the patient’s responsibility to understand his or her policy limitations. In the event your health insurance determines that they will not cover a service that you have received, you will be responsible for payment.

OUTSTANDING BALANCES

We urge you to keep your account current to avoid any misunderstandings with our office. When an account balance becomes more that 90 days past due, it will be referred to an outside collection agency. At that time, any additional fees incurred on that account will be the responsibility of the patient. If you need to make special payment arrangements, it is your responsibility to contact one of our financial counselors before your account is sent to the agency. Minimum monthly payment arrangements may be made for no less than $50.00 unless approved by the Business Owner. As a last resort, patients who fail to make payments could be terminated from the practice.

PAYMENT OPTIONS

* You will receive statements. The amount shown in the “PLEASE PAY AMOUNT” box is your financial obligation. It is due and payable upon receipt. For your convenience, **we accept cash, checks, money orders, Paypal\* and Zelle\*.** Payments may be mailed to P.O Box 56197 Jacksonville, Florida 32241-6197

CHARITY CARE

Our financial counselors are available to assist our patients in applying to receive charity care. This may be available for those who earn up to 200% of Federal Poverty Guidelines.

RETURN CHECK, NSF, CLOSED ACCOUNTS

Payments made to Edwards Counseling Associates that are not honored by the bank will incur a return check fee of $50.00. Failure to pay check and fee within 15 days of receiving return check notice from Edwards Counseling Associates, account will be turned over to the State Attorney’s Office.

FEES

* We are requesting all patients to make payment in full at the time of their visit. This could be full payment; co-payment, or annual deductible.
* We try to assist all our patients in billing their insurance company. When we agree to provide services to you, full payment for services provided is your responsibility. That is, claims not honored by the insurance company will be billed to the patient directly.
* Any payment not received in 90 days will be sent to a collection agency. Please let us know if you need to discuss special payment arrangements. **We accept cash, checks, money orders, Paypal\* and Zelle\***

\**(may require app download*).

TELEPHONE CALLS

* Brief phone calls are accepted. We encourage you to call us during our business hours (Mon-Thurs 9:00 am-6:00pm, Fri 9:00 am-2:00pm).
* There will be a minimum fee of $15.00 for therapeutic phone calls or counseling discussion by phone per ¼ hour. The same applies to calls made after hours.

CANCELLATIONS AND NO SHOWS

If you are unable to attend an appointment, we request that you provide at least 24 hours advanced notice to our office. Since we are unable to use this time for another client, please note that you will be billed if it is not timely cancelled. For cancellations made with less than 24 hour notice, or a scheduled appointment that is completely missed, you will be mailed a bill directly for the late cancellation or no show fee. We appreciate your help in keeping the office schedule running timely and efficiently.

* Appointments that are cancelled **less than 24 hours in advance of the appointment time** will be charged **$80.00** for the time set aside.
* If the appointment is on a Monday or Holiday, then **72 hours notice is needed.**
* Please call only during business hours to change any appointments. The same charge applies to no shows. X\_\_\_\_\_ (INITIAL HERE)

SPECIAL REPORTS

* We are requesting all patients to pay a charge of **$100.00** for any special Reports or Medical Leave/Disability paperwork.
* These services are not covered by your health insurance.
* Please allow 7-10 business days for processing of paperwork

Thank you for your assistance in these matters.

***Edwards Counseling Associates***

I acknowledge that I have read this financial agreement and agree to the terms set forth. I hereby give authorization for all insurance benefits to be made payable directly to the provider of service and give my consent for the release of any necessary information from my records for the purpose of processing the claims.

If the patient is a minor (*under age 18*), please list child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Print Patient Name Signature Date