FINANCIAL POLICY
of
BRENDA K. LEIBER, MA
LPA, LPC

Dear Client,

Thank you for choosing me as your psychotherapist. The following is my Financial Policy. My main concern is that you receive the proper and optimal treatments needed. Therefore, if you have any questions or concerns about my payment policies, please do not hesitate to ask me.

I ask that all clients read and sign my Financial Policy as well as complete my Patient Information Form prior to seeing me.

Payment for services is due at the time services are rendered. I accept cash and checks. I will be happy to process your insurance claim, as long as proper authorization is received prior to initial visit.

I do accept assignment of insurance benefits, however, you must understand that:

1. Your insurance policy is a contract between you, your employer, and the insurance company. I am **NOT** a party to that contract. My relationship is with you, not your insurance company.

2. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

3. Fees for these services, along with any deductibles, co-payments, and co-insurance are due at the time of treatment.

4. If the insurance company does not pay your balance in full within 30 days, I ask that you contact the carrier to speed things up.

5. If the insurance company does not pay in full within 45 days, I require you to pay the balance due with cash or check.

6. Returned Insufficient checks will be charged a $25.00 service fee, and you may be placed on a cash only basis.

7. Balances older than 60 days may be subject to additional collection fees and interest charges of 1-1/2% per month.

PLEASE NOTE THAT, UNLESS CANCELED AT LEAST 24 HOURS IN ADVANCE, YOU WILL BE CHARGED FOR THE MISSED APPOINTMENTS AT THE RATE OF A NORMAL OFFICE VISIT. Please call to reschedule.

I understand that temporary financial problems may affect timely payment of your balance. I encourage you to communicate any such problems so that I can assist you in the management of your account.

Again, thank you for choosing me as you psychotherapist. I appreciate your trust in me and I appreciate the opportunity to serve you.

Client Signature_____ Date_____