

HINKLE & ASSOCIATES LLC

FINANCIAL POLICY AND MISSED APPOINTMENT POLICY

Welcome to Hinkle & Associates LLC. Please read over our financial and missed appointment policy. If you have questions feel free to ask our staff.

FINANCIAL POLICY

Fees. Counseling sessions are 45 minutes long. The fee for a 45 minute session, either face-to-face or by phone is \$140 assessment, \$120 per session afterward. A first time patient is charged \$70 by credit card to hold their appointment time. This fee is non-refundable but it is deducted from your first time visit. Payment is collected at the first of the session. We also ask you to place a credit card on file for future billing.

Charges. Occasionally there are extra charges or other altered charges but in your case the fee for the 45 minutes session will be \$120.

Insurance Patients. If you have health insurance, Hinkle & Associates LLC is happy to call your insurance company and verify your insurance benefits. They will also file your insurance for you. If your insurance covers a portion of your therapy we will be happy to wait for 90 days for your insurance to pay their portion. You will, however; be responsible for your deductible and co-pay or co-insurance. That portion of your care will be due at the time of your appointment. You will be responsible for all charges not covered by your insurance company.

Self-pay Patients. Patients without insurance or with high deductibles are responsible for the cost of their care. Payment is expected at the time of the service is rendered.

Methods of Payment. Hinkle & Associates LLC accepts cash, checks, and major credit cards.

Payment in Advance. If your therapist suggests more than ten visits, you may pay for them in advance and receive a discount of 15%. Payments for multiple visits must be made by the third visit.

Missed Appointment Policy.

Twenty-four hour notice is required for the cancellation of an appointment. Appointments canceled with less than 24 hours notice will be charged \$70. Appointments missed because of inclement weather or other major problem will not be charged. Your charge will be applied to your credit card on file.

I have read and agree to the above conditions.

Name _____ Date _____