

POLICY AGREEMENT

Please carefully review the policies below, and initial.

INITIAL

_____ Once an appointment time is scheduled, we are committing to being available to you for that period of time. Please give us a 24-hour notice when cancelling or changing an appointment. The fee for a missed appointment without prior notice is the full session rate. Cancellations that are within the 24-hour window of an appointment (Late Cancellations) will be charged 50% of your session rate.

_____ Once I understand that MERCI does not participate in any insurance plans, nor do they file insurance claims on my behalf. However, I may be able to use my insurance company's "out-of-network" benefits. If I choose to do so, I am able to request a copy of my session's billing.

_____ I understand that fees can be paid by cash, check or credit card and that payment is due at the time of service. There is a NSF/returned-check fee of \$50.00.

_____ I understand and agree that I am financially responsible for all charges for any and all services rendered. This includes any direct services, products/materials, or court fees incurred. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, MERCI has the option of using all legal means to secure the payment. This may involve hiring a collection agency or going through small claims court.*

_____ Should I become involved with legal proceedings that require the participation of my therapist, I will be expected to pay for professional time even if called to testify by another party. MERCI will charge twice the private hourly rate for participation in any legal proceeding and billable time will include the time spent in travel.

_____ In the event that I have accrued an outstanding balance of more than two sessions/co-pays, I will be referred to MERCI'S financial counseling, where I will have the opportunity to clear my balance with the assistance of a payment plan. Should I fail to manage my balance without evidence of extenuating circumstances, I understand that I may be at risk of being referred to an external collection agency and will lose my ability to schedule further sessions until the balance is resolved.*

_____ I agree to receive e-mail communication regarding billing communication, including statements and receipts.

Signature (Client, Parent, or Legal Guardian)

Date

* This item does not apply to Ryan White clients.