

## Payment Policy

## 1. PAYMENT AND INSURANCE

Payment and Insurance: We currently do not accept health insurance. For insured clients, we are considered out of your network. It is your responsibility to find out your benefit information and whether or not you have a deductible that applies. If I file with your insurance and payment is not submitted due to deductible not being met, you are responsible for paying the balance of the session.

Please initial	
Please indicate the following insurance information:	
Type of insurance:	
Member ID:	
Group ID (if applicable):	
Primary carrier (if not self):	
Primary carrier's address:	
Primary carrier's date of birth:	
Coverage effective date:	
For other insurance carriers: I am considered out of network and my fee is \$125 for a standard 55 minute session. Full payment must be made at the conclusion of each session. I suggest reaching to your insurance policy to inquire about benefits and coverage. I will provide a receipt that you cause submit for reimbursement. We accept credit cards, cash, or checks made to Maternal inSync.	
Please initial	





## 2. OTHER FEES

Paperwork charges are \$60 for complex paperwork and \$20 for simple paperwork. Copying charge for records is \$50.00. Court appearance charges start at \$500 and increase depending on time spent in court and client scheduling time lost. Please discuss cost of these and other services with us.

Please initial
A \$25 fee per check will be charged for return checks. Missed appointments, disability evaluations, court ordered evaluations, completion of forms for attorney or employers, court appearance, copies of records, letters, or any other type of reports are not covered by your insurance and the charges associated with them are your responsibility.
Please initial
Video/Online Counseling: Video sessions must be paid in full, prior to the session at \$95 for 55 minutes. I will provide a receipt that you can submit for reimbursement to your insurance company. Some insurance carriers are reimbursing for online therapy while others are not.
Please initial



3. CREDIT CARD AUTHORIZATION FORM

All clients are required to provide a credit card number to keep on file in the case of missed appointments, late cancellations, or balance charges due to ineligibility of insurance. This information is kept in a confidential file that is locked at all times. If you "no show" or cancel your appointment without 24-hours notice, the \$75 missed appointment fee will be charged to your card.

Please note that insurance compan	ies do not reimburs	e for mis	sed appointments.	
hereby authorize Maternal inSync,	LLC to charge my o	redit car	d as follows:	
Card type (circle)	VISA	MC	AMEX	
Name on Card/ Exp Date//			mber ode (on back of card)	
Address on file for card:				
City		State	Zip	
have read, understand and agree to Maternal inSync, LLC	o the above fee pay	rment an	nd credit card policy for services provided by	
Signature Dat	te			
have read, understand and agree to	o the above fee pay	rment an	nd credit card policy for services provided by	