

**BETH C. KINCAID, MED, NCC, LPC, PLLC**  
**CLIENT INFORMATION AND FINANCIAL POLICY**

Thank you for choosing The Center For Psychotherapy. The following is a statement of our Financial Policy which **we ask that you READ, AGREE TO and SIGN prior to any session:**

Because the nature and scheduling of our work makes it difficult to speak with you directly by phone, we have a 24-hour voice mail system. You may leave a message in your therapist's voice mail at any time and they will return your call as soon as possible. We can also be paged in an emergency by following the instructions in our voice mail to mark your message urgent (press “#.” then “1”, then “2”). If you are not able to reach your therapist in an emergency, please call **THE MONARCH CENTER (BEHAVIORAL HEALTH EMERGENCY SERVICES AT 336-676-6840 OR 911.** If you have a business related question, you may press extension “0” to reach the business office.

We are committed to providing you with the best possible care and we are happy to discuss our professional fees with you at any time during normal office hours. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask us if you have any questions about our fees, our Financial Policy or your responsibility.

**Payment is expected at the time of service and all co-pays must be paid for each session.**

We submit insurance claims to those insurance companies with which we have a contract and for which we have authorization for your care. However, you need to be aware of the provisions of your insurance policy.....this is a contract between you and your insurance carrier.

Please be aware that **you are ultimately responsible for the timely payment of your account including all balances not paid by your insurance company.** For your convenience, we accept cash, personal checks, American Express, Master Card, Visa and Discover. A \$30.00 fee will be charged for any returned check. **We reserve the right to charge balances 30 days past due a 1.5% monthly service charge (18% per year) unless prior arrangements have been made with your therapist. For any account that is 90 days overdue, we also reserve the right to send those accounts to Firstpoint Collections Agency in addition to adding a collections fee to the balance due.**

Our sessions generally run 50-60 minutes in length. Our schedules will not allow us to make up time if you arrive late. If you are late and have not called, your therapist will wait 15 minutes and then assume that you are not coming. **We require a 24 hour notice if you cannot keep your scheduled appointment. You will be charged the full fee of \$150 for any appointments canceled or broken without 24 hours advance notice. This fee cannot be filed with your insurance.** Phone calls and E-Mail requiring over ten minutes of a therapist's time may be charged a fee which is proportionate to your regular fee. **Please remember that anything electronically communicated, such as electronically filed claims, email, voicemail, fax or cell phone cannot be guaranteed confidentiality.**

Please communicate with us if you need to make special payment arrangements. If you have any questions about the above information or any uncertainty regarding our policy, please feel free to ask us. We are here to help you!

**Assignment and release:** I have read the above and understand and accept the conditions described. I also authorize Beth C. Kincaid, MEd, NCC, LPC, PLLC to release information required to process claims.

**(CLIENT COPY)**