



Payment Policy and Fee Schedule

All fees are due and payable at the start that the services are provided; this includes individual, family, couples and group therapy unless alternate arrangements are made in advance. E.A.P. is happy to assist you by billing your insurance company. However, this does not guarantee that your insurance company will cover the cost of services.

- Regular fees are charged for requested reports, telephone calls lasting 15 minutes or longer, appearances in court, accompaniment to treatment/detoxification facility, or consults with a therapist at a pro-rate per session rate. Services for intervention including any necessary travel time are based on the regular fee.
- Urinalysis will be provided only if paid for in advance of the service. We suggest that you pay for several in advance so that you are not denied this service for an inability to pay at the time that it is needed.
- Fees are charged in accordance with the fee schedule. Late fees and interest will accrue on your balance as agreed in the financial contract.
- For clients missing an appointment, your missed appointment fee will be expected to be paid by the next scheduled appointment or group session.
- If 48 hours notice has not been provided (in order to give us in an opportunity to fill the spot held for you) an appointment fee will be charged for missed individual sessions.
- You will be required to pay co-pays at the time of service and to keep your account current.
- Disputes over insurance payments are between you and your insurance company. **In the event that your insurance company denies payment for claims made on your behalf you are required to pay the balance of your account within 45 days of services provided.**
- In any event, the responsible party is responsible for payment of the balance due on his/her account.
- Final reports will be sent on your behalf after you have paid your account in full.
- Account balances that remain unpaid for over 90 days will be turned over to a collection agency as well as information on the amounts owing for services rendered. Please be sure to help us avoid this very unpleasant experience. Should any of these payment policies pose special problems, please feel free to discuss the issue with your therapist.

I have read and understood all of the information above. I have received a copy of this information.

Client Signature

Date

Responsible Party Signature

Date