



### Patient Financial Agreement

Jacobs Ladder Psychological Services, PLLC requires all patients to make financial arrangements with us before we provide treatment.

- 1) I understand that full payment is due at the time of services for myself and any party for whom I am financially responsible.
- 2) I understand that it is solely my responsibility to confirm which treatments or procedures are covered and/or paid by my insurance (including, but not limited to, any applicable exclusions, deductibles, and annual or lifetime maximums).
- 3) I understand that as a courtesy, Jacobs Ladder Psychological Services, PLLC will attempt to verify my insurance benefit coverage from the information that I provide. I am required to pay in full, before treatment is performed, the estimated portion of any treatment that will not be covered by my insurance. If payment is not received in 90 days or your claim is denied, you will be responsible for paying the full amount of your account balance.
- 4) I understand that insurance claims will only be filed if I provide Jacobs Ladder Psychological Services, PLLC with my social security number and insurance identification numbers (if applicable). If I choose not to provide Jacobs Ladder Psychological Services, PLLC with my social security number, I understand that I must pay in full for all services rendered. It is Jacobs Ladder Psychological Services, PLLC to require social security numbers and a copy of a government issued picture identification (driver's license) for record keeping purposes even though that may not be the policy of my insurance carrier.
- 5) I understand that although I pay my estimated patient balance on the date of services, the insurance estimate may differ from what my insurance carrier ultimately pays. I will be responsible for any amounts not paid by my insurance for any reason, and I may receive a bill/statement for a balance due which will be immediately payable upon receipt. Your insurance policy is a contract between you, your employer, and your insurance company. Our office is not a party to that contract.
- 6) I understand that I will be charged the maximum service charge allowed by law for any returned check, electronic authorization or any debit sent or provided to Jacobs Ladder Psychological Services, PLLC for payment.
- 7) I understand that I must inform Jacobs Ladder Psychological Services, PLLC in writing of any concerns, questions or disputes I may have concerning my treatment or charges in a timely manner but not more than 30 days from either the completion of treatment or awareness of a dispute.
- 8) I understand that if I fail to pay my account upon it becoming due, Jacobs Ladder Psychological Services, PLLC may report my account to credit rating bureaus or to a collection agency and/or take legal action against me for full payment, including but not limited to all related reasonable attorney fees, collection and/or court costs.
- 9) I understand that Jacobs Ladder Psychological Services, PLLC currently charges \$50.00, or the amount allowed by insurance for a broken or cancelled appointment unless 24 hours notice is given. This fee is subject to change without notice.
- 10) I understand that it is my responsibility to immediately notify Jacobs Ladder Psychological Services, PLLC of any changes to my address, phone number, work contact information, work status, insurance changes, etc.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Guardian or Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature with Title

\_\_\_\_\_  
Date