

# Kelly Ann Riley, MA, MFT

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## FINANCIAL RESPONSIBILITY – FEE AGREEMENT

**IF YOU HAVE A HEALTH PLAN THAT AT THIS POINT DOES NOT REQUIRE CO-PAY, IT IS UNDERSTOOD THAT IF FOR ANY REASON YOUR ELIGIBILITY CHANGES YOU WILL BE RESPONSIBLE FOR THE CONTRACTED FEE. IF YOUR INSURANCE COMPANY DICTATES DIFFERENT FEES ON THE EXPLANATION OF BENEFITS, THOSE FEES APPLY.**

Private Patient Fee \_\_\_\_\_ 90801 \_\_\_\_\_ 90806 \_\_\_\_\_ 90847 \_\_\_\_\_ 90853 \_\_\_\_\_

Contracted Fee \_\_\_\_\_ 90801 \_\_\_\_\_ 90806 \_\_\_\_\_ 90847 \_\_\_\_\_ 90853 \_\_\_\_\_

Contracted Co-Pay \_\_\_\_\_ or as designated by insurance.

CLIENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Client fees and insurance co-pays are due at the time of service. For your convenience we accept Cash and Check. Your prompt payment is appreciated and expected unless special arrangements are made. **You will be expected to pay for missed appointments unless we receive cancellation notice at least 48 hours prior to the scheduled appointment time. Notice may be given by telephone message. If it is possible to reschedule and keep a canceled appointment within the same calendar week, there will be no charge for the cancellation.** To utilize your insurance coverage, it will be necessary for us to have the required authorizations activated by you and for us to submit all required treatment plans, diagnoses and paperwork. Ms. Riley will assist you to secure reimbursement, but she is not responsible for the disposition of any claims. If for any reason the insurance company refuses reimbursement, you are responsible to pay all charges in full. If in Ms. Riley's discretion, it becomes necessary to utilize third party collection methods, you will be responsible for all costs of collection; including court costs, filing fees, and/or legal expenses. In this case, the right to confidentiality is waived. Ms. Riley's financial agreement with you is one aspect of the therapeutic relationship. You have her commitment to your healing and well-being and this includes her willingness to form a financial contract with you that will be mutually agreeable. You will receive a copy for your files. If financial problems do occur, please discuss this with Ms. Riley. **I HAVE READ AND AGREE TO THE ABOVE TERMS.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_