

Carol Miles MSW, LCSW
FINANCIAL OFFICE POLICIES

Please read the following information carefully:

SESSIONS AND FEES:

EMDR Intensives: 6 hours \$1200, 9 hours \$1800

Additional Intensive sessions 3 hours \$600

Missed sessions without 72-hour notice or emergency concerns will be billed according to the above fee schedule.

PAYMENT:

- **Payment for all services is expected prior to office visits.** Fees will be established during the course of your first visit. We do **not** file insurance claims for outpatient services. You can be provided receipts which when submitted to your insurance carrier will provide sufficient documentation for you to be reimbursed directly.
- Cancellations and missed sessions: Appointments are to be made directly with the therapist.
Appointments that are not canceled at least 72 hours in advance will be charged full package fee to the client. The payment for the missed or late session is to be made by IvyPayl, cash or by check prior to the start of the intensive. Cancellation messages may be left with voice mail at 985-893-1248--24 hours a day.
- I charge a prorated fee from the hourly charge if calls are more than once a week and more than 10 minutes.

HOSPITALIZATION:

All patients who require hospitalization will be referred to a hospital treatment team.

COLLECTIONS:

Any account with an unpaid balance over 60 days will be assessed a finance charge of 1 1/2% monthly. If the account is over 90 days delinquent, it will be placed with a collection agency and an additional 35% could be added to the unpaid balance. Should it become necessary to institute legal proceedings to collect the account, attorney's fees, court costs and finance charges will be added to the balance. Any patient with an unpaid balance that is over 90 days will be scheduled for an appointment and seen only if the balance is paid in full. Consequently, if you have a balance, you will pay for the current visit in addition to the past due balance.

I have read the financial policy as stated above and agree to abide by the terms outlined.

SIGNATURE OF GUARANTOR and/or PATIENT

DATE

How would you prefer to be contacted? (Check all that apply) ___phone___mail___email