



FINANCIAL and SCHEDULING POLICY

In an effort to provide the highest level of care, the following is an explanation of the financial and scheduling policy:

1. Payment of services is solely each client's responsibility and is due at the time of service. Claims will be provided by this office per client request, as long as provider is an in network provider. If you ask for claims to be made by this office, you are agreeing to release your diagnosis and health information to your insurance company without full guarantee of payment. Please keep in mind that no formal diagnosis and/or records are shared with any health care plans when claims are not submitted.
2. You are agreeing to a flat fee of \$125.00 per hour therapy session. If you are submitting your insurance information, claims will be made to cover this fee, and you will be responsible for the copay. If your insurance company does not cover the claim, you are responsible for the difference.
3. **Mandatory prepayment of session will be rendered at time of arrival for appointment (credit card, check, or cash) or when scheduling an appointment online (credit card).**
4. Please provide a minimum of 24-hours advance notice if you cannot make your session. If sufficient notice is not provided, you will be charged a \$75.00 fee at your next session for a late cancellation. You can call and leave a message to cancel an appointment. Or, you can cancel and reschedule your appointment at www.shantalaboss.com. You will not be seen for your next scheduled appointment until your balance is paid in full upon arrival. This will include any late cancellation fees and the fee of your visit.
5. Phone calls will be accepted for a brief consultation as well as to schedule and/or change an appointment. However, phone calls lasting longer than 5 to 10 minutes are subject to a full session fee. **Please do not call in an emergency situation unless you have called 911 first.** The best way to schedule and/or change an appointment is to visit our website at www.shantalaboss.com.
6. Any letters or forms regarding treatment and/or diagnosis that are requested by client will be completed for an additional fee of \$50.00 per document.

ACKNOWLEDGEMENT

I have read and understand the Financial and Scheduling Policy above.

Client's Name _____ Birth Date _____

Client's Signature (or parent/guardian if minor) _____

Date _____