

# Wellness & Courage Financial Policy

## WELLNESS & COURAGE, LLC

Fayetteville - 112 W Center Street, Suite 201 72701

Farmington - 18 E Main Street 72730

Bentonville - 1116 S Walton Blvd, Suite 201 72712

## WELLNESS & COURAGE FINANCIAL POLICY

### INSURANCE:

In exchange for Wellness & Courage agreeing to pursue my insurance provider for payment of benefits due for services rendered, among and along with other valuable consideration, I, the client, hereby irrevocably assign Wellness & Courage any and all medical payment benefits available under any insurance policy in which I may be entitled as a result of, or related to services rendered.

- I understand that it is my responsibility to understand the benefits covered under my insurance policy.
- While Wellness & Courage offers to provide an estimate of what to expect for my appointments, I understand that this is just a courtesy service, is simply an estimate, and is not a guarantee of benefits.
- Although Wellness & Courage, as a courtesy, works hard to give the most accurate representation of financial obligation, sometimes insurance companies process claims differently than defined by the provided database by which Wellness & Courage utilizes to check benefits. In this case, I understand that I am financially responsible to Wellness & Courage for all charges not covered by my insurance policy and promise to pay them.
- If I do not have an insurance provider accepted by Wellness & Courage or if insurance does not cover a session, for whatever reason, I will be charged at the self-pay rate and payment will be collected at time of service.

### **Self Pay Rates:**

*Initial Assessment-\$200.00*

*Individual Therapy-\$160.00*

*Family Therapy or Couples Counseling-\$180.00*

### PAYMENTS:

- I understand that all copayments, deductibles, and/or payments for services will be collected from the card on file the day following my appointment. I also understand that all remaining balances, after processing of my insurance benefits, and late cancel/no show fees will be pulled from the card on file.
- **IF THERE IS A BALANCE ON YOUR ACCOUNT, FUTURE SESSIONS WILL BE CANCELLED UNTIL PAYMENT IS COLLECTED, REGARDLESS OF THE AMOUNT OF THE BALANCE DUE.**
- **PAYMENT PLANS: IF THE PAYMENT CARD ON FILE DECLINES FOR ANY PAYMENT ON THE PAYMENT PLAN, FUTURE SESSIONS WILL BE CANCELLED UNTIL THE PAYMENT IS PROCESSED.**

**LATE CANCELLATION/NO SHOW POLICY:**

- I understand that a missed appointment or failure to cancel an appointment without 24 hour notice is subject to a \$100.00 late cancellation/no show fee.
- I understand that Wellness & Courage allows a 1-time waiver for non-emergency late cancellations or no shows. After the waiver is used, I am responsible for any future late cancellation and/or no show fees.
- If a fee is applied, I understand that the balance for this late cancellation/no show fee must be paid before the next scheduled appointment, and that the fee will be automatically pulled from the card on file.

**THERAPY SESSIONS**

- Session rates vary, depending on the service rendered. All sessions are 53 minutes long. In the event that you are late for a session, your session time will not run over, in order to respect the session times of other clients. If you are more than 10 minutes late with no communication to your therapist, your session will be considered a no show or late cancellation.

**RELEASE AND PROMISE TO PAY POLICY:**

- I hereby authorize payment to Wellness & Courage of any benefits for charges incurred in connection with the service(s) rendered. I understand that I am financially responsible to Wellness & Courage for all charges not covered by this authorization and promise to pay them. I agree that, in the event that collection of this account has to be assigned to an attorney or collection agency, that I, the patient, will be responsible for the cost of the collection and/or reasonable attorney's fees. I also understand that all payments will be automatically pulled from the card on file, including patient financial responsibility for sessions and cancellation/no show fees. Failure to pay past due balances (including no show and/or late cancel fees) will result in denial to schedule future appointments.

**WELLNESS & COURAGE CREDIT CARD AUTHORIZATION:**

- By your electronic signature of this form, you authorize charges to your credit card through Stripe via Simple Practice for services rendered. You have the right to request a paper copy of this document.
- I authorize Wellness & Courage, LLC to charge my credit card through Stripe. I also understand that my credit card can be charged for any session that is not cancelled at least 24 hours prior to the scheduled session.
- I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.