

SHANNON WEST, MS LMFT / SPEAKING PINK

Licensed Marriage and Family Therapist (LF00002571)

FINANCIAL POLICY STATEMENT AND AGREEMENT

This statement details financial policy information. Please review it carefully. Content regarding service fees and cancellation charges has also been provided in my contract, acknowledged by your signature.

MY COMMITMENT TO YOU

My commitment to you is to provide you with the information and documentation needed for out-of-network reimbursement by your insurance carrier in a timely manner. **I do not bill insurance directly.**

Monthly statements will be mailed at the end of each month providing record of all appointments and payments for the month. Additional statements are available upon request.

Should statements be needed prior to the end of the month, please call or email me with this request. Otherwise, you can plan on statements being mailed once monthly.

Due to software configurations and constraints, statements will not be sent electronically by email at this time.

Most insurance carriers prefer reimbursement submissions reflecting a balance paid in full. In order to obtain this record as such, please make sure all session payments are submitted prior to the end of the month.

YOUR COMMITMENT TO ME

Payment is due at the time of our appointment, as it's vital neither one of us feel burdened by outstanding balances. Initial appointments are \$150. Subsequent hourly appointments are \$130 per standard session. Phone conversations extending beyond 10 minutes will be billed accordingly.

If payments cannot be made at/near the time of our appointment, please speak with me about your situation.

Upon prior arrangement, I am comfortable with payments being submitted every two weeks but not extending beyond unless otherwise arranged. Appointments may need to be placed on hold until balances are paid in full.

Payments may be made by cash/check or online via PayPal using my email address to access my account.

If monthly balances are not paid in full by the month's end, a \$25 flat monthly late fee will be charged. Please note this late fee is not refundable by your insurance carrier. This fee will be applied following the last day of every month where unpaid balances are applicable. No exceptions will be made.

Should charges be delinquent, all unpaid balances will be relinquished to a local collection agency thus releasing your name and billing information to a third-party. I will attempt to notify you directly or via a contractual billing service provider prior to contracting with a collection agency should this be applicable.

In general practice, I reserve the right to contract a service provider for accounting/financial and billing services. Information related to session conversation will not be released, nor will healthcare/medical records be shared.

CANCELLATIONS AND MISSED APPOINTMENTS

If you need to cancel your appointment, please let me know at least **48 hours in advance**. Missed sessions or cancellations within 48 hours of a scheduled appointment will be charged at the hourly fee. Exceptions made for illnesses and emergencies. Please be aware cancellation fees are not reimbursed by insurance coverage.

Thank you for honoring these financial practices in our relationship together. Please contact me with any questions you might have pertaining to this information.