Alliance Counseling
Jean Allbee-Roberson LMFT LLC
495 Gold Star Hwy, Ste 108, Groton, CT 06340
Tel (860) 861-1453 Fax (860) 446-6918
www.RobersonLMFT.com

FINANCIAL AGREEMENT

ATTENDANCE AT APPOINTMENTS

It is our policy to receive at least 24 hours' notice for all appointment changes or cancellations. Failure to provide our office with adequate notice will result in a $50.00 charge to your account. Exceptions can be made for extenuating circumstances or at the office's discretion. Your insurance company will not pay for missed visits and you will be responsible for paying out of pocket.

FEES AND PAYMENT

IN-NETWORK: For our clients with Health Insurance that we accept, your health insurance is an agreement between you and your insurance company. We make every effort to help you understand your benefits using the insurance information you provide. We can only ESTIMATE your benefits as provided by your insurance company. It is still YOUR responsibility to know your insurance benefits. You are responsible for any charges not covered by your plan. Co-payments or co-insurance are due at the time of service (or within 30 days for established clients).

OUT-OF-NETWORK: If we do not participate with your insurance carrier, payment in full is required at the time of service (or within 30 days for established clients). If you have out-of-network benefits, we will gladly bill this insurance as a courtesy to you.

UNINSURED/SELF-PAY: Payment in full is due at the time of service (or within 30 days for established clients). We accept credit cards, checks, and cash. Alliance Counseling strives to help every patient access services and therefore, we offer a discount to self-pay patients.

CHANGE IN COVERAGE: If you or your child has any change in coverage, including: change in insurance policy, loss of insurance coverage, new insurance policy, or any other change in your insurance coverage You MUST contact our office immediately (860-861-1453). We must be informed or it may be impossible for us to bill your insurance carrier. You will be billed for any charges that cannot be paid because of changes to you or your child's coverage and/or any denied claims.

OTHER FEES: There are other services that your therapist may provide that insurance will not pay for, such as court testimony, reports or letters, and extended phone conversations (generally anything over 15 minutes). Our court fees are $200 for the first hour and $100 for each subsequent hour, which includes the cost for copies of any records subpoenaed. Report or letter writing as well as extended phone conversations are $100 per hour, prorated per quarter hour (i.e. 45 minutes will cost $75)

I agree to pay in full for services provided by Alliance Counseling at the time of the appointment (or within 30 days for established clients). I agree to pay for non-covered insurance benefits, co-insurance, copays and deductibles. Any invoices received from Alliance Counseling will be paid within 30 days of receipt of invoice. I understand that I will be responsible for paying for any services that my insurance company denies. By signing this document, you are stating that you have read, understand and agree to all of the terms listed above.

_____ _____
Patient's name Responsible party's signature

_____ _____
Relationship to patient Date

_____ _____
Therapist's signature Date