FINANCIAL / INSURANCE AGREEMENT

1. Your payment or co-payment is due at the day and time that services are rendered. **If a payment or co-payment is not made at the time of the service, the amount of the payment or co-payment will be charged to the credit card provided by the client at the time of intake.** If that charge is not approved for whatever reason, a billing fee of $5.00 will be due in addition to the amount of the payment or co-payment which was not approved by the card in order for continued services to be rendered.
2. We strive to enhance access to our services, which means we will be submitting your insurance claims and working with the insurance companies to receive reimbursement on your behalf. However, you will remain responsible for understanding, navigating, and negotiating your insurance plan and payor benefits. Since your insurance provider independently contracts with your place of employment to create an individual plan of service, each individual healthcare plan has different subsets and restrictive clauses. **If your insurance company does not cover our services, you will be responsible for the unpaid portion.**
3. Full payment of any outstanding balances not covered by your insurance company will be required within thirty (30) days of the date of service and prior to the next visit. Any outstanding balance that has not been paid after one hundred twenty (120) days of the bill's date of service will be turned over to collections. We will work with you to set up a payment plan for any outstanding balance prior to turning the bill over to collections.
4. There will be a 24-hour cancellation policy. If for any reason you are unable to attend a scheduled session, please call and/or send an email through the patient portal. This will timestamp your cancellation notification. Any scheduled appointment that is missed and was not cancelled by the client more than twenty-four (24) hours in advance is subject to a $65.00 no-show fee.
5. Virtual sessions are subject to the 24-hour cancellation policy. If a scheduled meeting is unattended, the $65.00 missed session fee will apply and be charged to the credit card on file.
6. If you are currently enrolled in CT Medicaid/Husky insurance, a no-call or no-show for an appointment within 24 hours is cause for immediate termination from the practice.

By signing below, I agree to abide by the above financial policy and authorize ADHD Warriors of CT to charge any fees which are not paid at the time of service to the following credit card:

Card#: _____ Exp. date: _____

Cardholder's Full Name: _____

Circle one: VISA MC DISCOVER Security Code: _____

Signature of client: _____ Date: _____