



COUNSELING

Ann James Counseling, L.L.C.
1639 N. Alpine Road Suite 204
Rockford, IL 61107
(779) 423-0275

Patient Financial Policy

Effective January 1, 2018

Thank you for choosing Ann James Counseling, LLC. We look forward to walking with you and helping you to obtain better mental health! Please understand that mutual financial understanding is part of our relationship. If you have any questions or need clarification of these policies, please contact us.

Payments Due at Time of Service:

All copays, deductibles, co-insurance, self-pay charges and past due balances are due at the time of service. If you arrive without your co-payment, we may ask you to reschedule. We do accept cash, checks and credit cards.

Billing Insurance:

We are happy to bill your insurance company as a courtesy to you. Should there be a balance due after insurance processing you will be sent a bill. All client responsibility balances are due within 30 days of receipt.

Self Pay:

If you do not have insurance coverage, you will be asked to pay in full at time of service.

Missed Appointment:

This office charges a \$75 missed appointment fee for any missed appointments unless it is unavoidable or we receive 24 hour notice.

Our Responsibility to Report Non-Compliance

It is our obligation under many of the insurance contracts to report patients who: repeatedly refuse to pay co-payments/deductibles at time of service, or who repeatedly "no show" for scheduled appointments.

Divorce or Custody Cases

The parent who brings a child to the office for care is responsible for any payment at the time of service no matter if the account is self-pay, participating insurance, or nonparticipating insurance. We do not honor divorce specifics (e.g. percentage of financial responsibility). Applicable co-payments, coinsurance and/or deductible are due at time of service.

Collection:

On any accounts that remain unpaid for longer than 90 days, we reserve the right to report delinquent accounts to credit bureaus, transfer accounts to third party collection agencies, assess collections and/or reasonable attorney's/court costs, take other collection actions, and terminate you as a patient of our practice.

Financial Assistance

If you experience difficulty paying your statement balance please contact our billing office to discuss your options.

Overpayment Refunds

If you make an overpayment on your account, we will issue a refund only if there are no other outstanding debts on your account.

Credit Card

We are able to store credit card information in our encrypted and secure electronic medical record system. If you would like to store your credit card information please authorize us to do so below.

_____ / _____
Credit Card # Exp. CVC

I authorize Ann James Counseling LLC to store my credit card information in TherapyNotes' secure system.

Patient/Parent/Guardian Signature Date

I authorize Ann James Counseling LLC to use my stored credit card for all balances on my account. I will be charged after each counseling session for patient responsible co-pay, deductible, co-insurance and self-pay charges.

Patient/Parent/Guardian Signature Date

I authorize my insurance benefits to be paid directly to Ann James Counseling LLC.

Patient/Parent/Guardian Signature Date

I have read and understand the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments, deductibles and co-insurance are my responsibility.

Patient/Parent/Guardian Signature Date

I hereby acknowledge that I have received, reviewed, or have been given the opportunity to receive a copy of Ann James Counseling Notice of Privacy Practices.

Patient/Parent/Guardian Signature Date