



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

## **Patient Financial Policy**

### **Effective January 1, 2021**

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 copayments/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. Please complete the Payment Authorization Form in order to utilize this system.

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

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Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date