



**Sari Hands PLC**  
**Financial and Cancellation Policies**

**Sessions** are scheduled in 55 minute increments. In order to maximize your session, it is extremely important that you be prompt. This time is reserved for you and will not be extended to accommodate late starts.

**Fees and Payments** shall be discussed and set prior to your initial visit. You are fully responsible for all fees charged. Payment for each session is due in full at the time of services unless other arrangements have been made prior to the session. As a courtesy, we will bill your health insurance for your therapy visits. If you prefer, we will provide you with a receipt to submit to your insurance plan for reimbursement.

Payments for co-pays, deductibles and/or non-covered portions are due at the time of your visit. Fees may be paid by cash, (in state) check, Visa, Mastercard or American Express. A \$25 fee shall be assessed for returned checks or denied credit.

**Insurance Payments:** If your insurance pays directly to you, we request payment in full at the time of service.

**Address and Insurance Changes:** Please keep us informed of any insurance, address, telephone number, employment or other personal information changes.

**Collection procedures:** If an account advances to collections, the patient is financially responsible for all costs incurred in collecting said account (i.e. attorney fees, court costs, filing fees, etc.) Any balance assigned to collections will be assessed a 30-40% fee to offset the recovery expense. Once an account is placed in collection status, all future services must be paid in full at the time of service.

Ultimately, you are the responsible party for payment. We consider any account over 60 days from the date of your first statement delinquent. ***Our office does not routinely extend payment plans.***

## Financial Policies Page 2

**Insurance:** It is important to understand the benefits for therapy provided by your health insurance company. In the unlikely event that reimbursement is not forthcoming from your insurance company, you will be responsible for unpaid, eligible charges. In this event, we will do our best to arrange a workable repayment schedule with you.

**Cancellation Policy:** A 24 hour cancellation policy is standard practice for most therapists. This differs from medical doctors who can see many people in an hour and, therefore, can afford to be more flexible. Your timely cancellation will allow another client to use the time. We appreciate your consideration of your therapist's as well as other client's schedules. No charge will be assessed if adequate notice of 24 hours is given.

***Failure to cancel a scheduled appointment with 24 hours notice will result in charges as follows: A \$75 charge will apply to the first 3 late notice/no notice absences in any calendar year and a charge of the full session fee will apply to all subsequent late notice/no notice absences.***

Payment for these charges is due before your next visit.

**Additional Charges:** Charges may apply when copies of files or written reports are requested. These charges will be based on actual cost to photocopy as well as the hourly rate of \$100 for the number of hours spent preparing such files or reports.

I have read and understand this financial and cancellation policy statement and agree to abide by the terms of these policies. I understand that I am financially responsible for all charges incurred in the event that my insurance denies payment of a claim after our office has submitted it.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_