



**FINANCIAL POLICY**

**Responsibility for Payment**

**Client's Name** \_\_\_\_\_

FULL PAYMENT IS REQUIRED AT TIME OF SERVICES RENDERED.

Cash and checks are accepted. If you receive benefits from an insurance company, you may be reimbursed by submitting receipts to your insurance provider. It is always advisable to contact your insurance company to determine eligibility prior to engaging in counselling.

If you have a balance owing on your account, you will receive a statement. By being mailed it is possible that other persons may see this statement. In the event of non-payment, you hereby authorize Dr. Kushner to release billing information to a collection attorneys or a collection agency. All collection costs, including court costs and attorney's fees, will be added to the outstanding balance owed and will be the client's responsibility.

**Regarding Employee Assistance**

Dr. Kushner has contracts with various EAP companies. If you are receiving services as a client under a contract in which Dr. Kushner is a participating provider, you will be charged in accordance with the terms of Dr. Kushner's contract with the EAP company. All co-pays and deductibles are required to be paid at the time of treatment. In addition, please understand that you may be liable to pay for any services you request that are not covered under Dr. Kushner's contract with certain EAP service providers.

If Dr. Kushner is not contracted with your EAP or managed care company, you will be asked to pay the bill in full and Dr. Kushner will provide you with a billing statement that may be submitted to your insurance company for any reimbursement your insurance carrier allows.

**Minor Clients**

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment of fees at the conclusion of each session.

**Fees, Late Cancellations, Missed Appointments, and Other Charges**

If you need to cancel or reschedule an appointment, 24 hours notice is required. Late cancellations will be charged \$50.00 per session and missed appointments will be charged \$75.00 per session. Exceptions are made for death in the family, and an illness with a doctor's note. Missed appointments are not covered by insurance companies. Returned check fees will be charged.

**I have read the above Financial Policy for Dr. Kushner's fees. I understand and agree to abide by the terms of this Financial Policy.**

\_\_\_\_\_  
(signature of client or person responsible for payment)

\_\_\_\_\_  
(Dr. Kushner's signature)

Copy of Agreement to Client    Yes    No

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