

FINANCIAL AGREEMENT

Columbia Associates in Psychiatry, P.C., ("Columbia") has established the following financial policies in regard to fees charged for services:

1. Fees are due and payable when serviced are rendered, unless other agreements have been made in advance. Patients are held responsible for the hour(s) reserved for them, whether or not they use the hour, **UNLESS 48 HOURS NOTICE IS GIVEN PRIOR TO THE APPOINTMENT.**
2. The initial visit must be paid in full at the end of the session.
3. If patients are using insurance, it is their responsibility to collect the fees due to Columbia from their insurance company, unless other prior arrangements have been made. Columbia will aid in insurance form completion and will forward pertinent information when requested.
4. Because insurance policies vary, it is the patient's responsibility to confirm the percent of the fee which the policy will cover. In instances when payment of the total fee at the time of visit is not possible, you will be expected to pay the copayment that day and forward the insurance check to Columbia when received by you. Some services provided (report writing, phone consultations, extended testing, etc.) may not be covered by your insurance company. All services rejected or denied by your insurance company as "non-covered" will be your financial responsibility and payable by you to Columbia within 30 days of the insurance determination.
5. If an account becomes 90 days overdue, full payment will be collected by Columbia for each visit until 90-day balance is paid in full.
6. A finance charge of 1% per month will accrue on any balance 120 days overdue.
7. I/We understand and agree that if neither I/we, nor our insurance carrier pay any balance to Columbia which is overdue by more than 120 days, then Columbia shall turn my/our account over for collection, and upon such event, I/we agree to pay to Columbia 33.333% of the overdue balance, or such greater sum as any Court determines is fair and reasonable, as and for attorney's fees to reimburse Columbia for such expense, plus all Court costs incurred by Columbia.

Signed: _____

Date: _____