

Lorry G May, LISW-CP
Client Financial Policy

Telephone 864-561-9053 | lorrygmaylisw@gmail.com

We are dedicated to providing you with the best possible care and service and believe understanding our financial policies is an essential element of your care and treatment.

Please read carefully, initial or sign where requested, and sign at the bottom of the page indicating your understanding and acceptance of our policies and procedures.

We accept cash, checks or credit cards. Payment is due at the time of service.

Over-Due Payments

(Initial here)

Payment is due at the time of service. **Accounts with no payments after 30 days may be subject to a 10% late fee. Accounts with no payments after 90 days may be turned over to a collection agency and reported to the credit bureaus.** A collection agency which follows HIPAA privacy policies will be used to collect debts not paid promptly. If your account is sent to a collection agency, the collection agency's fees, and any associated legal fees, will be added to your account and you may be discharged as a client from the practice.

Cancelled and Missed Appointments

(Initial here)

In order to provide the best possible service and availability to ALL of our clients, we reserve the right to charge the full session fee for any appointments not canceled at least 24 hours in advance, regardless of the reason for the cancellation/missed visit, unless the appointment is filled by another client from our cancellation list. In some cases, telephone or telehealth appointments may be substituted for face-to-face appointments for individuals who are not able to cancel on time. Please call us as early as possible if you will need to reschedule your appointment. **Monday appointments must be cancelled by 10:00 a.m. the previous Friday to avoid a late cancellation charge.**

Other Financial Guidelines

(Initial here)

All checks returned for non-sufficient funds or otherwise not paid will be subject to a \$35.00 fee plus the amount of the check.

Paperwork for court documents, school related papers, employment absence, and/or disability or insurance summaries will be completed and billed on a pro-rated basis for time required to complete outside of a normal office visit. Additional fees may apply for copies, required meetings and/or court appearances on behalf of our clients, and related mileage/travel expenses.

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I understand that I am financially responsible for all charges whether or not they are covered by insurance and agree that such terms may be amended from time to time by the practice.

Sign:

Patient/Responsible Party

Signature

Date