

Statement of Financial Responsibility

Thank you for choosing Ken Gates and Associates to be a part of your wellness care. Below we have summarized your financial responsibility. Please read carefully and address any questions you may have with your therapist.

General Policies

- Payment of fees, co-pays and/or co-insurance is expected at the time of service
- We accept cash, credit cards and/or checks.
- Returned checks – if a check is returned to us as unpaid by your bank, we will apply a \$25 fee to your account.
- The entire fee for sessions missed or cancelled less than 24 hours in advance will be charged to your account.
- A monthly statement will be issued on the 4th Friday of the month. Payment in full is expected within 30 days of that billing date. A \$5 fee will be charged for late or non-payment of the statement.
- If you so choose, we will keep your credit card on file and post charges on either a weekly or monthly basis. If you choose weekly, that charge will be posted on a Friday, if you choose monthly, that charge will be posted on the 3rd Friday of the month.

Insurance

- This practice will submit insurance claims as a courtesy to you, however, it is your responsibility to verify coverage and benefit level. Additionally, this practice will not be responsible for disputed claims.

PPO's

- Co-pays are due at the time of your session, unless arrangements to have your fee charged to a credit card have been made.
- If you have a deductible - the full fee is due at the time of service until such deductible has been met. It is your responsibility to know what your deductible is. After a deductible has been met, co-insurance payments will then be due at the time of your session, unless arrangements to have your fee charged to a credit card have been made.
- If, at the first session, you do not know your insurance benefit information, you will be charged the full session fee. Refunds will then be made once the insurance information is gathered.

HMO's

- Ken Gates and Associates is NOT in-network providers for BCBS HMO. If you have an HMO, we require you to pay the full session up front. In most cases, your HMO will reimburse 50% of the session, at which time, we will issue you a refund. We will submit to the HMO on your behalf but it is your responsibility to contact the HMO to verify that the claims have been received and processed.

Responsible Parties

- In cases of divorce or separation, the parent authorizing treatment is the party responsible for payment in full. Arrangements to share the cost of treatment per any divorce decree is the responsibility of the authorizing parent. Ken Gates and Associates will NOT bill a non-authorizing parent nor be responsible for collecting payment from that parent.

I understand that I am responsible for payment of this account. I have read and understand the Statement of Financial Responsibility and agree to abide by its guidelines.

Signed Client (or parent if Minor)

Date