HORN AND ASSOCIATES IN REHABILITATION, PLLC

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2023 MENTAL HEALTH OFFICE TERMS AND CONDITIONS

Patient Name:_____Date of Birth:_____

Thank you for choosing us for your psychological needs. We are committed to providing you with quality and affordable services. Our office policies are outlined below. Please read, ask us any questions, initial, and sign in the space provided. A copy will be provided to you upon request.

FINANCIAL POLICY

Office rate payment for psychological health services (Psychologist or Licensed Clinical Social Worker) is required on day of service. We are happy to send claims to insurance but please keep in mind professional services are rendered and charged to you or the patient and not to the insurance company. If our services are out of network for your insurance, we will be glad to provide you with documentation so you can send claims to your insurance company if you choose.

Patient responsibility payments (i.e., copays, co-insurance payments, payments towards deductible, etc.) are expected at the time of service. If payments have not been made for more than 2 consecutive weeks, without arrangements made with office staff, services may be put on hold until payments are settled._____**(initials)**

Additional documentation (i.e., disability reports/questionnaires, school updates, school conferences, 504 plans, etc.) and extended phone conversations will be provided based on a time-based fee and will be the responsibility of the patient._____**(initials)**

ATTENDANCE AND CANCELATION POLICY

Consistency in attendance to therapy is essential to making and maintaining progress.

Cancelation/Service Fees: We realize there may be circumstances that require you to cancel your appointment. When these situations occur, **please notify the therapy office at least 24 hours prior to your scheduled appointment**. With this notice, we may be better able to reschedule your therapy time and/or accommodate others waiting for therapy. **Cancelation without 24 hour notice will be assessed a $48.00 cancelation fee**. If you cancel more than one therapy session with different therapists within the same day and without 24 hour notice, this $48.00 fee will be assessed for each session missed. We understand emergencies do arise; in these situations notifications are still expected. Emergency situations will be taken into consideration when assessing the cancelation fee. Messages may be left after hours through our voicemail system._____**(initials)**

Attendance: Regular attendance is expected for therapy. If attendance falls below 75%, you may lose your regularly scheduled therapy time. If you miss more than 3 sessions without 24 hour notice, you may be discharged from therapy services._____**(initials)**

Timeliness: If you arrive late for your session, the session may be cancelled. Many sessions are scheduled for 30 minutes; if you are 10 minutes late to a session, valuable time is lost and we are often unable to accommodate._____**(initials)**

Sick Policy: Please respect the health and wellness of all our clients, staff, and therapists. We expect you to be fever free and symptom free from illness for at least 24 hours in order to attend therapy sessions._____**(initials)**

I understand that I am responsible for any charges and I accept responsibility for any collection costs, attorney fees, and any other cost incurred that may result from nonpayment. I understand and agree to the above terms and conditions.

_____ _____

Patient or Guardian (if minor) Signature **Date**

_____

Printed Name – Patient or Guardian (if minor)