

FINANCIAL POLICY

Dr. Robin Lowey & Associates Psychological Services

Below are the terms of agreement regarding payment for sessions at Dr. Robin Lowey & Associates.

1. Session fees are based on a clinical therapy hour.
2. Payment is required at each session.
3. If I, the patient, fail to appear for an appointment without a 24-hour notice of cancellation, appointment fees will be charged and I will be responsible for paying a \$75 late cancellation fee.
4. I understand that if I am late to a session, that session will end at the time originally scheduled. It is my responsibility to arrive on time.
5. Fees for additional services including, but not limited to, phone calls, emails, record reviews, and professional consults at times other than the scheduled therapy session are the patient's responsibility. These services will be billed per quarter of an hour.
6. I authorize my health insurance to provide payment of benefits to Dr. Robin Lowey & Associates.
7. I understand that records of my treatment may be shared with my insurance company when necessary to process claims.
8. I understand I am responsible for payment if my insurance company declines payment for any reason.
9. I understand that the credit card that I have on file will be charged for any no show/late cancellation fees, or any other outstanding fees, if those fees are left unpaid for 30 days.
10. I understand that a \$3 processing fee will be applied whenever I chose to pay by credit card. I can avoid incurring that fee by paying with check or cash.
11. I understand that, if my account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, legal means may be taken to secure payment. This may involve hiring a collection agency or going through small claims court, which will require the disclosure of otherwise confidential information. I understand that I am responsible for all charges in the event of unpaid fees, collection costs including legal fees.

I have reviewed this document and understand the contingencies stated above.

Printed name

Signature

Date