

Growing Edges LLC

PAYMENT, CLIENT BALANCE and CREDIT-CARD POLICIES

Payment Policy

All professional services are charged and are payable at the time of service. All client out-of-pocket financial responsibilities are collected at each appointment and are payable by check, cash or major credit card. **Clients who are unable to pay the out-of-pocket financial portion, as required by their insurance company, can be denied treatment at their scheduled appointment time.** A receipt can be provided to you upon request.

Insurance Processing

Your provider utilizes a third-party billing company to file most of their insurance claims. Clients are advised that they are ultimately responsible for communications with their insurance company to determine eligibility of coverage, benefits, and any co-payments, co-insurances, and/or deductibles connected with the subscriber's policy.

Outstanding Client Balances

Periodically, a client might receive an paper or electronic statement from the provider's billing company reflecting an outstanding balance on their account. This is usually created due to a discrepancy between what was collected at the time of session and the client's actual out-of-pocket responsibility. Clients will have 30 days to make a full payment on these outstanding balances (unless other arrangements have been made) or they can be subject to interest and penalties on that outstanding balance.

Collections Process

When all efforts to collect an outstanding client balance have been exhausted, accounts may be turned over to a collections agency. If this occurs, the collection agency becomes the primary contact for a client to clear any outstanding balance. Please be advised that collection agencies have the authority to impose long-term, financial ramifications on clients who do not settle outstanding balances.

Credit-Card Payment Policy

In an effort to lower administrative costs associated with outstanding client balances, this practice provides all clients an opportunity to keep a major credit-card in their secured file, to be used exclusively by this practice as the primary form of payment on outstanding balances that accrue as part of the treatment they are receiving. These charges are typically associated with under-collected co-payments, co-insurances and/or deductibles.

In order to utilize this service, please place the requested credit-card information in the area below. *Outstanding balances will automatically be charged to the credit-card on file* on a routine basis determined by the practice and will be reflected on the monthly credit-card statement as paid to the practice listed at the top of this document.

If the credit-card on file either expires or is declined during the credit-card transaction process, it will be the card-holder's responsibility to immediately advise the practice and provide them with an alternate credit-card or another form of payment to clear the client balance.

Credit-Card Number	Expiration Date	Security Code	Billing Zip Code
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Name as it exactly appears on the credit-card	Relationship to Client	Credit-Card Signature
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I have carefully read the above payment, client balance and credit-card policies for this practice. My signature below confirms I understand them and agree to comply with them:

Printed Client's Name	Date	Signature (if under 18, Parent/Guardian Signature)
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