

Reflections Counseling
3220 E. Jefferson Blvd South Bend IN 46615
Phone: 574.222.2466 Fax: 574.222.2468

Financial Policy

We are committed to providing you with the best possible care in the most cost effective way possible. Please review our financial policy below.

We accept cash, checks, and credit card payments; we charge a \$25.00 bank charge for returned checks. If you have insurance, we will work with you to help you receive the maximum benefit possible. If your insurance authorizes a service (or the service does not require authorization) and subsequently does not process the claim or denies the claim, you are responsible for the full balance.

Please pay all co-pays, co-insurance, and deductible amounts at the end of each session. If you cannot afford to settle your account in full at the end of a session, we do have payment plans available. We take most insurance and ask that you call the number on the back of your insurance card prior to your appointment to verify benefits and coverage.

If you have a secondary insurance and you do not provide a copy of the insurance card at the first appointment, you will be responsible for all copays resulting from your visit. Reflections Counseling is not responsible for billing your secondary insurance if you do not provide proper documentation.

For an account that becomes delinquent (overdue 90+ days) we reserve the right to charge a 35% collection-handling fee on the balance to send to a collection agency. At that point, you will be responsible for all costs associated with the collection process to the extent permitted by the law.

If you do not attend a scheduled appointment and do not call your therapist within 24-hours prior to the appointment, we reserve the right to charge a \$65.00 no-show fee. If you do not attend a scheduled appointment with Dr. Knapp or Dr. Holleman, you will be responsible for the full cost of the appointment.

By signing below, you are agreeing to our financial policy. The enforcement of this agreement is governed by the State of Indiana. We reserve the right to change this policy at any time.

Any credit card charges over \$100.00 are subject to a 3% processing fee.

Please ask any questions you may have about this document prior to signing.

Printed Name of Client

Signature of Client or Parent/Legal Guardian

Date