



SEASONS OF HOPE
— A COMPANY OF CHANGING SEASONS COUNSELING, INC. —

Laina Winters, MSW, LCSW

503-314-8598

Financial Policy

Laina Winters, LCSW of Changing Seasons Counseling (hereafter referred to as the therapist/clinic) is committed to providing caring and professional mental health care to all of our clients. As part of the delivery of mental health services we have established a financial policy which provides payment policies and options to all consumers. The financial policy of the therapist/clinic is designed to clarify the payment policies as determined by the management of the therapist/clinic.

The Person Responsible for Payment of Account is required to sign the form, ***Payment Contract for Services***, which explains the fees and collection policies of the therapist/clinic. Your insurance policy, if any, is a contract between you and the insurance company; we are not part of the contract with you and your insurance company.

As a service to you, the therapist/clinic will bill insurance companies and other third-party payers, but cannot guarantee such benefits or the amounts covered, and is not responsible for the collection of such payments. In some cases insurance companies or other third-party payers may consider certain services as not reasonable or necessary or may determine that services are not covered. In such cases the Person Responsible for Payment of Account is responsible for payment of these services. We charge our clients the usual and customary rates for the area. Clients are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates.

The Person Responsible for Payment (as noted in the Payment Contract for Services) will be financially responsible for payment of such services. The Person Responsible for Payment of Account is financially responsible for paying funds not paid by insurance companies or third-party payers after 60 days. Payments not received after 90 days are subject to collections. A 1% per month interest rate is charged for accounts over 60 days.

Insurance deductibles and co-payments are due at the time of service. Although it is possible that mental health coverage deductible amounts may have been met elsewhere (e.g., if there were previous visits to another mental health provider since January of the current year that were prior to the first session with this therapist/clinic), this amount will be collected by the therapist/clinic until the deductible payment is verified to the therapist/clinic by the insurance company or third-party provider.

All insurance benefits will be assigned to this therapist/clinic (by insurance company or third-party provider) unless the Person Responsible for Payment of Account pays the entire balance each session.

Clients are responsible for payments at the time of services. The adult accompanying a minor (or guardian of the minor) is responsible for payments for the child at the time of service. Unaccompanied minors will be denied nonemergency service unless charges have been preauthorized to an approved charge card, prepayment, or payment at the time of service.

Missed appointments or cancellations less than 24 hours prior to the appointment are charged at a rate noted in the Payment Contract for Services and No show cancellation policy.

Payment methods include check, cash, or the following charge cards: _____

(There is a \$25.00 reprocessing fee for all checks that are returned – therapist/clinic reserves the right to restrict types of payments accepted on a per client basis). Clients using charge cards may either use their card at each session or sign a document allowing the therapist/clinic to automatically submit charges to the charge card after each session.

Questions regarding the financial policies can be answered by the therapist.

I (we) have read, understand, and agree with the provisions of the Financial Policy.

Person responsible for account: _____ Date: ____/____/____

Co-responsible party: _____ Date: ____/____/____