

Leadem Counseling & Consulting Services, LLC
668 Commons Way
Toms River, NJ 08755
732-797-1444

Financial Policy

The staff at Leadem Counseling & Consulting Services, LLC (hereafter referred to as the clinic) is committed to providing caring and professional mental health care to all of our patients. 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 clinic is designed to clarify the payment policies as determined by the management of the 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 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.

After, as a service to you, if you request it, the clinic will generate a monthly statement of your charges in a format that you can submit to your insurance company for possible reimbursement to you. We do not accept assignment of benefits and are not contracted with any insurance provider. 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 patients the usual and customary rates for the area. Patients are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates. We encourage you to verify with your insurance carriers whether or not they reimburse you for charges and what diagnoses, if any, are excluded.

The Person Responsible for Payment (as noted in the Payment Contract for Services) will be financially responsible for payment of such services.

Patients 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.

Please be aware that 24-hour notice is required for cancellations unless there is a medical emergency or illness. In the case of these cancellations call the office 732-797-1444 to avoid a charge for the full amount of the session unless it can be rescheduled the same week.

Payment methods include check, credit card or cash. Your therapist can answer questions regarding the financial policies. I (we) have read, understand, and agree with the provisions of the Financial Policy.

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

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