



MICHELE SAFFIER

& ASSOCIATES

Licensed Marriage & Family Therapist • Certified Sex Addiction Therapist • EMDR Level III Trained Practitioner

Dear Patient:

Financial Policy

We are committed to providing you the best possible care. If you have insurance, we are interested in helping you receive your maximum allowable benefits. In order to achieve this goal, we need your assistance and understanding of our payment policy.

Payment for service is due, in full, at the time services are rendered unless prior arrangements have been approved in advance by our staff.

We do not file claims but we will provide you with all the necessary information you need on one form to assist you in obtaining reimbursement.

You should be aware that:

1. Your insurance is a contract between you and your insurance company.
2. Not all services are covered benefits in all contracts. Some insurance companies select certain services that they will not cover.

In addition, please note the following policies:

1. Returned checks carry a \$45.00 fee.
2. You, not the insurance company, are required to pay a full session fee for canceled or broken appointments when 24 hours advance notice is not given.
3. Additional monthly billing fees may be applied to any statement with an outstanding balance.

We realize that temporary financial problems do arise. If such instances do occur, we encourage you to let us know promptly if you require assistance in the management of your account.

By my below signature, I demonstrate my understanding that, regardless of my insurance status, I am responsible for the payment of the balance of my account.

Patient Name: _____

Patient Signature: _____ Date: _____

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