

Asbury Park Psychotherapy Associates

Financial Policy

The staff at Asbury Park Psychotherapy Associates 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 office is designed to clarify the payment policies so you and your therapist can focus on your emotional health and growth.

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 this office. 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.

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 credit plan, charge card, or payment at the time of service.

Missed appointments or cancellations less than 24 hours prior to the appointment are charged at the full rate of the appointment. Insurance companies do not normally reimburse for missed appointments.

Payment methods include check, cash, or MasterCard, Visa, Discover, and American Express.

As a service to you, we will provide you an itemized receipt on a monthly basis that contains all the information insurance companies require. You are responsible for submitting your claims to your insurance company.

Clients using charge cards may either use their card at each session or sign a document allowing us to automatically submit charges to the charge card after each session.

Individual psychotherapy is provided by Mimi da Silva, Ph.D. at the rate of \$150 per 55-60 minute session.

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

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

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

Asbury Park Psychotherapy Associates
501 Grand Avenue
Asbury Park, NJ 07712
732.823.2225
Mimi da Silva, Ph.D., L.P.C., D.A.P.A., A.C.S. Clinical Director and Psychotherapist