

DIANE GRIMALDI DNP, PMHCNS-BC
Grimaldi Counseling
90 CONCORD AVENUE
BELMONT, MASSACHUSETTS 02178

FINANCIAL POLICY AGREEMENT

Cancellation and Missed Appointment Policy

To our clients:

Please understand that this is a business and thus certain aspects of running a business cannot be ignored.

BILLING:

Please understand that full payment of your account/bill is considered part of your treatment and is required for all services rendered. We request and appreciate full payment at the time services are rendered. This office accepts all major credit cards, as well as checks and cash. Any returned check is subject to additional services fees.

Insurance is accepted under the following conditions: All co-payments, deductibles, and coinsurance are due to **Grimaldi Counseling** prior to treatment. You, the client, remain responsible for payment for services if your health plan/insurance carrier has not paid for such services after 45 days. You, the client, remain responsible for payment of the fee(s) despite any insurance companies' arbitrary determination of rates. In the event your insurance company deems that a NON-COVERED service (office visit or test) has been performed, it will be necessary for us to bill you directly. Services may be considered non-covered for a variety of reasons, such as expired coverage, the tests ordered or services performed are not covered under your insurance policy, or the clinician is not participating in that plan. You must agree to this policy if we agree to accept your insurance as a form of payment.

APPOINTMENTS:

Missed appointments are subject to regular charges and/or NO SHOW FEES added to your account. We do require a 24 hour advance notice of cancellation for your reserved appointment time or full charges are due for a normal office visit and/or applicable NO SHOW FEES. We **do not** attempt to get in touch with you a day in advance of your appointment to reconfirm it, therefore it is your (the client's) responsibility to contact us and cancel 24 hours in advance.

Signed _____

Date _____