



Financial Responsibility Agreement

LITTLE BIRD PSYCHOTHERAPY, P.S., INC

Client Name (printed): _____ Date of Birth: _____

Billing Policy

This Financial Responsibility Agreement describes Little Bird Psychotherapy’s policy regarding payment for services rendered by LBP.

- Full payment for service (including copays, co-insurance and deductibles) is due at the time of service and is to be made at the beginning of each session, unless other arrangements have been made.
- You are responsible for knowing what services your insurance will cover.
- You are responsible for providing a photo ID and current insurance information to LBP.
- You are responsible for notifying LBP of any changes in your address, contact information and insurance coverage immediately. Failure to do so may result in processing delays and an increase in your financial liability. **You are financially responsible for all charges, whether or not paid by insurance, including any charges for services rendered which are denied, not prior authorized or for any reason not covered by the your insurance company.** If insurance payment is unable to be obtained using the information you have provided LBP, the balance will automatically be transferred to client responsibility and you will be obligated to make payment of those charges.
- If it is necessary to cancel or reschedule an appointment, you must do so at least 24 hours in advance of appointment. (Monday appointments must be canceled or rescheduled before 4 p.m. the Friday prior.) Clients who don’t show or fail to provide 24 hour notice of cancellation are subject to the LBP Attendance Policy which may include charges billed to your account. Please note that insurance companies will not cover this expense. (See Attendance Policy for further information.)
- In situations of divorce, separation, court orders, etc., the undersigned will be financially responsible for any account balance, including missed appointments and late cancels.
- If you are having difficulties paying the balance on your account, talk to me as soon as possible to discuss options for a payment arrangement.
- Failure to meet terms of LBP’s Financial Responsibility Agreement may result in discontinuation of services at LBP.
- LBP may contact you using the telephone numbers you have provided for billing or collections purposes, which may include mobile telephone numbers.

Please sign below to indicate that you have read, understand, and agree to the financial policies above.
Signature of client/guardian/financially responsible party:

Signature

Date:

Printed Name

Relationship to client