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Office Policy Regarding Payment of Fees for Professional Services

In order to allow this office to devote the bulk of its efforts towards providing quality psychological or psychiatric care to our clients, certain policies regarding payment of fees for professional services have been established. Treatment is rendered by Infinite Behavioral Health Inc. and its staff on the following terms and conditions:

Your insurance is a method for you to receive reimbursement for fees you have paid to your therapist for services rendered. Having insurance is not a substitute for payment. Unless your therapist is a participating member of your insurance network, your insurance is a contract between you, your employer (if applicable), and the insurance company. We are eager to help you receive your maximum allowable benefits and will file claims for you at the end of each month or provide you with a statement of services, which can be submitted to your insurance company.

The responsibility for payment for services in this office for yourself, or your dependents, is yours and payment is due and payable at the time services are rendered, unless you have made an alternative financial arrangement with your therapist.

In the event of non-payment, your account may be placed with a collection agency. You (the patient and/or the patient's guardian), hereby accept responsibility for payment of any and all collections fees/costs or other costs that shall be reasonably incurred in the collection of any unpaid balance outstanding on your account.

We are aware the exceptional circumstances do arise and we will gladly discuss with you a financial agreement to facilitate payment by installments, if the need arises. Any such agreement must be in writing. Please feel free to discuss any problems with your therapist. We will make every effort to courteously and efficiently answer any questions you may have concerned treatment, insurance, or billing.

I, the undersigned, have read and understand the terms of this agreement. I hereby accept full financial responsibility for all psychological and/or psychiatric services rendered to me or to my dependents. I further agree to be bound by all of the foregoing terms and conditions in respect to all services rendered by Infinite Behavioral Health Inc.

Patient's Name(Printed)

Patient's or Guardian's Signature

Date

Office Policy Regarding Missed Appointments

Infinite Behavioral Health Inc. is dedicated to providing the highest quality of psychological and psychiatric care available. To ensure the quality of our services, appointments are scheduled based upon time required, thus ensuring that every patient has ample time with their therapist. In the event that you must cancel an appointment, we require that appointments be **CANCELLED NOT LESS THAN 24 HOURS PRIOR** to the scheduled date/time to allow the office to offer that time slot to another patient. Failure to cancel within the specified time frame can result in your paying the full hourly fee. Unattended visits are not reimbursable under your insurance policy. If you have an emergency and you cannot cancel within the required time, please contact your therapist as soon as possible to reschedule your appointment.

I have read and understand the above statement regarding cancellations and accept those contractual terms for psychological and psychiatric services provided by Infinite Behavioral Health Inc.

Patient's Name(Printed)

Patient's or Guardian's Signature

Date