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860 354-5116 Therapists
860 354-1596 Business Office
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INTERFACE APPOINTMENT AND BILLING POLICIES

PLEASE READ CAREFULLY BEFORE SIGNING

Patient Name: _____ Date of birth: _____

Below are the billing and appointment policies of Interface Counseling. **Please read and initial each.**

_____ **ALL copays, co-insurance and estimated deductible amounts are due at the time of service.** We understand that due to telehealth this may not always be possible. Therefore, we ask that a credit card be kept on file. Credit cards can be securely kept on file by completing the attached form. See form for additional information.

_____ Appointments are made directly with your therapist **ONLY** at each session or by calling the therapist line at **860-354-5116** and leaving a message. Please **DO NOT** call the business office to schedule or cancel appointments.

_____ A minimum of 24 hours' notice **is required** for cancelling appointments. Appointments cancelled with less than 24 hours' notice or No-Show appointments may incur a \$40 fee. Three or more occurrences within a 3-month period may result in termination of services. Parent/guardian are responsible for missed appointments scheduled by a minor.

_____ As a courtesy, we will submit claims to your insurance for you; however, **it is your responsibility to know your insurance benefits and financial responsibility.** It is also your responsibility to let us know of any insurance changes immediately.

_____ I understand that I *may* be charged for the following services that **CANNOT** be billed to my insurance: Court and/or deposition appearances, meetings (virtual or in-person) with schools, lawyers, DCF, other specialists, etc., will be billed at a rate of \$150 p/hour. Filling out forms and/or writing letters incur a charge of \$35.00.

_____ If your insurance has terminated or you are not eligible for benefits and you have not informed us, you are responsible for all charges incurred during the lapse in coverage.

_____ A \$25.00 fee will be charged for returned checks.

_____ Clients who have terminated therapy and have a remaining balance of more than 30 days may be turned over to a collection agency and/or an attorney, in which case all incurred fees will be paid by the client or guarantor on the account.

Your signature below indicates that you have read the above policies and agree to abide by its terms.

Patient or Parent/Guardian Signature

Date

Printed Name

Relationship