

ERIKA DEMERS, M.A.
Licensed Marriage Family Therapist #44463
1433 11th St. Unit F, Arcata CA 95521 (707) 496-4629

FINANCIAL POLICY AGREEMENT

Health Insurance can be billed as a courtesy to my clients, or I can provide you with a billing statement and assistance needed to file insurance reimbursement claims. Please be aware that third party payers do not reimburse all issues, conditions, and problems, which may arise in the course of treatment. I give permission for Erika Demers, LMFT to bill my insurance company if so planned.

Payment and Co-Payment is required at the time of service unless other arrangements are made. I accept checks and cash at the office. Also, you can make an electronic payment online by going to my website at www.erikademerstherapy.com and following payment tabs to PayPal. I reserve the right to periodically adjust the fee agreed upon. You will be notified of any fee adjustment in advance. Rates are adjusted by insurance company contracts that change, duration of session and type of session as well.

Cancellations: Appointments are made on a regularly scheduled basis, which involves the reservation of time specifically for you. **A minimum of 24 hours is required for rescheduling or canceling an appointment.** Please be aware that health insurance companies will NOT cover any missed appointments. You are responsible for paying the full fee for all scheduled appointments missed without sufficient notification.

Telephone Conversations: Time that I spend dedicated to your treatment in excess of the regular office schedule, including telephone conversations more than 10 minutes, is charged and prorated at the agreed upon rate below. This includes time spent writing letters, or collaborating with third parties involved with you or your child.

Unpaid Balances after 30 days will be charged an additional 1.5% per month. Unpaid balances after 60 days will be sent the collection agency. Please note that therapy will be suspended after two unpaid sessions and can resume when balance is paid given the time slot is still available or another time reservation is agreed upon.

I agree to the above terms and I agree to pay \$_____ per 45-55-minute psychotherapy session rendered to me or my child. I have read this financial policy and understand that regardless of any insurance coverage I may have, I am responsible for payments on my account.

Printed Name

Signature

Date

Signature

Date