

**CORNERSTONE COUNSELING OF BELLEVUE, LLC  
BELLEVUE OFFICE**

**FINANCIAL ARRANGEMENTS & MENTAL HEALTH SERVICES POLICY**

We are committed to providing you with the best possible care and keeping associated cost(s) manageable. Therefore, payment in full is due at the time service is provided unless other financial arrangements are made with our office, in advance.

**Insurance:**

If you have medical insurance, we would like to help you receive your maximum allowable benefits; therefore we ask that you provide your insurance information to the front office staff at your first appointment and when there are any changes in your insurance coverage. Additionally, we require that each patient pay their deductible, copay, and/or coinsurance payment before each visit. Failure to provide your insurance information may result in our inability to submit your claim(s). Accepting and/or pre-certifying your insurance does not place any financial responsibilities on this practice. **You will ultimately be responsible for any and all unpaid balance(s).**

Our services may not be covered by your insurance provider but our rates do not change per session. It is the insurance company that brings about changes to your policy and/or coverage. The most accurate information about payment per session is available only after you receive your first Explanation of Benefits (EOB) from your insurance company, which can take up to 4-6 weeks.

Being referred to our practice by another physician does not necessarily guarantee that your insurance(s) will cover our services. Please remember that you are fully responsible for all charges incurred; your physician's referral and our verification of your insurance benefits are not a guarantee of payment or a transfer of liability. **Please do not assume that you will not owe a balance if you have insurance or coverage from more than one insurance carrier.**

**Billing:**

The hourly rate for the requested services is \$100/hour and \$120 for the diagnostic session. You will be billed for any outstanding balance(s) at the conclusion of your visit(s) with us that may not be covered by applicable insurance(s), etc. **Immediate payment in full is expected and appreciated.** We realize that you may have special arrangements with a non-custodial parent or other party for payment of medical bills; however we do not get involved in domestic issues with third parties.

Any account may be placed with a collection agency. If your account is placed with a collection agency and legal action is initiated, you will be responsible for any amount due including but not limited to interest, fees, charges and/or expenses incidental to the principal obligation prior to a judgment being rendered against you. **A finance charge of 1.5% per month will be assessed on all outstanding balances over 30 days past due.**

**Patient Relationship:**

The initial three sessions are for the purpose of evaluation (e.g. to determine whether or not a treatment relationship will be established) and as such do not guarantee acceptance as a Cornerstone client. While you likely expect to benefit from this treatment, understand that outcomes cannot be guaranteed. Your therapist is under no obligation to treat you. If there is a credit due you, it may be applied to any future appointments or will be refunded to you at the close of your case.

**CANCELLATION POLICY**

Because the demand for counseling is so great, we take very seriously our responsibility to be good stewards of our time and resources. **We ask that you give us at least a 24 hour notice of your intention to cancel any counseling appointment. Failure to show without notice OR same day cancellations will result in the client being billed \$50 for the first incident and \$100 for each additional incident.** We maintain a secure 24-hour answering machine at 419-483-9411 for appointment cancellations. Please leave a reason for your cancellation when leaving a voicemail.

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*By signing below I acknowledge that I have read the Financial Arrangements & Mental Health Services Policy and the Cancellation Policy, in their entirety and I fully understand their content(s). I also understand that I am ultimately responsible for any and all charges resulting from services rendered.*

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Printed Name

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Date

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Signature