

Financial Policy & Payment Agreement **Jodi Province Counseling Services, PLLC**

Payment for Services

Payment for services not covered by insurance is due in full on the morning of your appointment for both new and returning patients. Payments will be processed by our billing team using the credit card provided during your intake process.

Patients who are not using insurance, or whose insurance denies a claim, are responsible for payment according to the current fee schedule. Please visit www.jodiprovincecs.com for the most current fee schedule. Fees are subject to change at any time.

All outstanding balances must be paid prior to your next appointment.

No Show / Late Cancellation Policy

Appointments canceled with less than twenty-four (24) hours' notice or missed without notice will result in a no-show fee that will be charged to the credit card on file. New patients who are not using insurance may have their card charged the day prior to their scheduled appointment. Please review our full cancellation policy in the Informed Consent documentation.

Credit Card on File Requirement

To remain in treatment with Jodi Province Counseling Services, PLLC, patients are required to maintain an active credit card, debit card, bank card, or Health Savings Account (HSA) card on file.

By signing this agreement, you authorize Jodi Province Counseling Services, PLLC to securely store your payment information in our HIPAA-compliant electronic medical record and to charge your card for:

- Outstanding balances not paid by your insurance company
- Insurance claims unpaid after ninety (90) days
- No-show or late cancellation fees
- Past due balances
- Administrative or qualified service charges

If a valid payment method is not maintained, or if payment attempts are declined and balances remain unpaid, you may be discharged from the practice and asked to transfer your care to another provider.

Insurance Policy

As a courtesy, our practice will file insurance claims on your behalf. However, it is the patient's responsibility to understand their mental health coverage, verify that the provider is in-network, and confirm any required authorizations.

While we attempt to estimate your financial responsibility, your insurance company determines the final amount owed after processing your claim. You are responsible for any charges not covered by insurance, including denied claims.

Insurance information must be provided and updated prior to appointments. Failure to provide accurate insurance information may result in out-of-pocket charges or additional claim resubmission fees.

Accounts Past Due

Accounts that remain unpaid for more than sixty (60) days without an approved payment arrangement may be referred to a collection agency or small claims court.

Credit Card Disputes

If you have questions about a charge, please contact our office before disputing the transaction with your bank or credit card company. If a legitimate charge is disputed, the practice reserves the right to release necessary billing information as part of the dispute process and may charge an administrative fee associated with the dispute.

Agreement and Consent

By signing below, you acknowledge that you have read, understood, and agreed to the financial policies and payment requirements of Jodi Province Counseling Services, PLLC. You also authorize the practice to charge the payment method on file for qualified charges as outlined above.

Patient Name: _____

Patient / Legal Guardian Signature: _____

Date: _____

Relationship to Patient (if applicable): _____

Witness Signature: _____

Date: _____