

Office Policies and Financial Agreement
Please Read Carefully!

Special Accommodations: I am happy to provide reasonable accommodations to persons with disabilities. Please let me know in advance what you need.

Hours: Building/front reception hours are 8:00 a.m. to 5:00 p.m. Mondays through Fridays. Clinical hours are 8:00 a.m. to 6:00 p.m. on Tuesdays, 8:00 a.m. to 8:00 p.m. on Wednesdays and Thursdays, and 8:00 a.m. to 5:00 p.m. on Fridays. When you arrive for your appointment during building/reception hours, please let the front desk receptionist know you are here for an appointment with me. They will contact me to let me know you have arrived.

If your appointment is after the building closes at 5:00 p.m., please text me to let me know you are outside, and I will come get you.

After hours calls are picked up by voice mail.

In case of emergency, please call 911 or the Crisis Response Center at 509-783-0500.

Children: Please do not bring your children with you to your appointment unless they are being seen for services. No one is available to supervise children, and the topics at your appointment are inappropriate for their participation or observation.

Financial Policy: This disclosure constitutes an agreement between the individual receiving services, their guarantor, and any therapists practicing within Columbia River Counseling, LLC, including (but not limited to) Tacy L. Muzzy.

Payments: Services are billed on the day they occur or within forty-eight (48) hours, including any self-pay charges, copays, and invoicing to an insurance company.

Insurance: Insurance is a contract between you and your insurance company. I am not a party to this contract. My office will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance, including services denied due to missing or incorrect information. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. If your insurance has a limit to the number of visits you are authorized, you are responsible for tracking the number of visits you have remaining. Failure to obtain a referral and/or preauthorization (if required) may result in a lower payment from the insurance company, and you may be responsible for a higher portion of the fee. Claims to insurance companies that are over ninety (90) days will be applied to your balance. My office does not bill secondary insurance.

Co-Payments: Any co-payments required by an insurance company must be paid by cash/check/credit/debit card at the time of service. Because this is an insurance requirement, my office cannot bill you for co-payments. If you are unsure of your co-pay amount, you will need to pay 50% of the office visit at the time of the appointment.

Cards on File: After the first visit, my office will hold your card on file if you use a Visa or MasterCard (including an HSA card) to make your payment. Your card will be charged automatically thereafter for your session unless you explicitly revoke

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this privilege. Your card will also be charged for late cancellation or missed appointment fees as per this Financial Agreement.

Monthly Statement: If you have an unpaid balance on your account, my office will send you a statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month. Payment on a statement is due within thirty (30) days from the date of the statement unless other arrangements are approved in writing. Acceptance of late or partial payments (even if marked "Paid in Full") shall not waive any of my office's rights to collect the full amount due under this Agreement.

Rebilling Fee: I reserve the right to assess a rebilling fee of 1.5% (18% annually) to accounts that are sixty (60) days past due.

Returned Checks: There is a fee (currently \$25.00, subject to change without notice) for any checks returned by the bank. If your check is returned on more than one occasion, I will require payment in cash for any services rendered and reserve the right to terminate services.

Past Due Accounts: If your account becomes past due, my office will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred. If we have to refer collection of your past due balance to an attorney, you agree to pay all attorneys' fees incurred plus all court costs and a processing fee of \$50.00. In case of suit, you agree the venue will be in Benton County, Washington.

Missed Appointment Fee: All evaluation and treatment visits are by appointment only. An appointment is a commitment to work together at a designated time and place. If you fail to attend a scheduled appointment, or cancel after 10:00 a.m. one (1) business day prior to your scheduled appointment, you may be charged a fee (currently up to the full amount of the session) regardless of the reason for the no-show or late cancellation.

Late Arrivals: If you arrive more than fifteen (15) minutes beyond your scheduled time, I have the option whether or not to see you. If you are not seen, the appointment may be considered a "no show." If I choose to see you, then a full session fee will be charged, regardless of the actual time spent in the session. If a no-show or late cancellation fee is assessed, this fee must be paid before a new appointment is scheduled. Your insurance will not cover missed appointments fees. If you have three missed appointments, I may terminate services with you and refer you to another clinician for care.

Appointment Reminders: In an effort to help you avoid fees for missed appointments or late cancellations, as a courtesy to you and upon your approval, my office will send out a text or automated phone message reminding you of your appointment up to forty-eight (48) business hours before your scheduled appointment. However, if a reminder message does not reach you for whatever reason, you are still responsible for the appointment at the scheduled time and will be charged if you miss it. If you do not wish to receive a reminder phone call for your appointments, please let me know.

Waiver of Confidentiality: You understand if this account is submitted to an attorney or collection agency, if my office has to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at this office may become a matter of public record.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. In the case of youth under the age of eighteen (18): after a divorce or separation, the parent authorizing treatment for the youth will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent, as a divorce decree is an agreement between those parties and the court and not with my office.

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Personal Injury: If you are being treated as part of a personal injury lawsuit or claim, I require verification from your attorney prior to your initial visit. In addition to this verification, I require that you allow my office to bill your health insurance. In the absence of insurance, other financial arrangements may be discussed. Payment of the bill remains your responsibility. My office cannot bill your attorney for charges incurred due to a personal injury case.

Washington L&I Claims: Regarding Department of Labor and Industries (state or self- insured) services, if your claim is denied or rejected, you are responsible for your expenses.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect. Refusal to sign this agreement will result in denial of services.

Current Fees for Services:

Initial Evaluation (typically 90 minutes)	\$175.00
Regular Therapy Session (typically 50-60 minutes)	\$130.00
No Show/Late Cancellation Fee First Time	\$50.00
No Show/Late Cancellation Fee Second Time	\$75.00
No Show/Late Cancellation Fee Third Time*	\$130.00
*Please note: I reserve the right to terminate services if you do not show up for an appointment after the third time, or you habitually cancel appointments after the twenty-four (24) hour window.	

Client Release and Attestation:

I authorize my insurance benefits to be paid directly to Columbia River Counseling, LLC, and/or Tacy L. Muzzy. I understand that I am financially responsible for non-covered services. I also authorize the release of any medical information necessary to process claims.

I have read the Office Policies and Financial Agreement and have been offered a copy of this agreement. I understand that by my signature below, I am consenting to all of the terms of these Office Policies and the Financial Agreement. Failure on my part to read the document does not constitute a release from any of the obligations set forth in this agreement.

By executing this agreement, I am agreeing to pay for all services that are received.

Client Signature

Date

Financially Responsible Person Signature (if different than client)

Date

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