Financial and insurance agreement:

As a courtesy we will bill your insurance company, HMO, responsible party or third party payer. Please authorize payment of medical benefits to Candece Tierney. Co pays are due at time services are rendered. Additionally, I occasionally use a third party medical billing service which is required to maintain the same level of confidentiality as I provide.

In the event you have not met your deductible, the full fee is due at each session until the deductible is satisfied. If your insurance company denies payment or does not cover counseling, we request that you pay the balance due at that time. If your balance exceeds $300.00 I will be happy to help you arrange a payment plan. After 60 days any unpaid balance will be charged 1.5% interest a month (18%ARP). In the event that an account is overdue and turned over to our collection agency, the client or responsible party will be help responsible for any collection fee charged to our office to collect the debt owed.

I have read and understand the financial agreement___________________________

Cancellation Policy:

If you need to cancel or reschedule an appointment, please give 24 hours advanced notice, otherwise you will be billed at the hourly rate. I sincerely appreciate your cooperation and at any time you have any questions regarding insurance, fees, balances or payments, please feel free to ask.

I have read and understand the cancellation policy_____________________________

CONSENT FOR TREATMENT OF CHILDREN OR ADOLESCENTS

I/we consent that __________________________________ may be treated by Candece Tierney. At times it may be necessary to schedule appointments during school hours. I ask for your cooperation to provide the most timely treatment for you and your children.

____

Signature Date

Notice of privacy practices and client rights:

I have read and received a copy of the Notice of Privacy Practices and Clients Rights document.

____

Signature Date

May we contact your home?	yes	no
May we contact you at work?	yes	no
May we contact you by your cell phone:	yes	no