



## FINANCIAL AGREEMENT

Thank you for seeking services at Jackson Hole Mental Health. Please review and sign the following agreements prior to beginning services.

### Professional Fees

The fee for a one-hour therapy appointment is \$120. The fee for a substance abuse evaluation is \$150 and typically takes approximately two hours.

### Missed Appointments

If you are unable to attend a scheduled appointment, please cancel it within 24 hours of your appointment or you will be responsible for a \$25 no show fee, unless we both agree that you were unable to attend due to circumstances beyond your control. If you are using insurance to pay for your treatment, please be aware that insurance companies will likely not cover the cost of a missed session.

### Billing and Payments

You are welcome to pay at each session or a bill will be provided either in your session or sent electronically via fax or email at the end of each month. Prompt payment for services is appreciated. Payment for substance use evaluations, and for all other private pay clients, is due at the time of service.

In extreme cases, and as a last resort, debt collection services may be utilized to pursue the collection of fees that are past due. Clients will be informed by mail before their accounts are turned over to collections. Accounts will be considered delinquent when they are more than 60 days past due and there has been no prior payment agreement. If you are having trouble paying your bill, please discuss it with me and I will make every effort to set up a reasonable payment plan.

### Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. **It is very important that you find out exactly what mental health services your insurance policy covers.**

As part of billing your insurance, I may be required to release some information that is necessary to process insurance claims. Signing this form authorizes this disclosure as well as direct payment of benefits to JHMH from your insurance company. It also serves as your agreement to remit any insurance payments that are made directly to you to be promptly remitted to JHMH.

Client/Parent/Legal Guardian Signature	Printed Name	Date
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