

**FINANCIAL POLICY**  
**Thurman Psychological LLC**  
402-715-4321 (Phone)  
402-715-4343 (Fax)  
www.thurmanpsychological.com

**6818 Grover Street #305  
Omaha NE 68106**

**300 W Broadway, Suite 3  
Council Bluffs, IA 51503**

The staff at **Thurman Psychological, LLC** (hereafter referred to as the clinic) is committed to providing caring and professional mental health care to all of our clients. As part of the delivery of mental health services we have established a financial policy which provides payment policies and options to all consumers. The financial policy of the clinic is designed to clarify the payment policies as determined by the management of the clinic.

The Person Responsible for Payment of Account is required to pay deductibles, co-payments or other fees not covered by insurance. Your insurance policy, if any, is a contract between you and the insurance company; we are not part of the contract with you and your insurance company. It is your responsibility to verify benefits with your insurance company but the clinic will also attempt to verify benefits with the insurance company.

As a service to you, the clinic will bill insurance companies and other third-party payers, but cannot guarantee such benefits or the amounts covered, and is not responsible for the collection of such payments. In some cases insurance companies or other third-party payers may consider certain services as not reasonable or not necessary or may determine that services are not covered. In such cases the Person Responsible for Payment of Account is responsible for payment of these services. We charge our clients the usual and customary rates for the area. Clients are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates.

The Person Responsible for Payment (as noted in the Payment Contract for Services) will be financially responsible for payment of such services. The Person Responsible for Payment of Account is financially responsible for paying funds not paid by insurance companies or third-party payers after 30 days. **PAYMENTS NOT RECEIVED AFTER 30 DAYS ARE SUBJECT TO AUDIT AND COLLECTIONS. A FEE IS CHARGED FOR THOSE ACCOUNTS THAT GO TO AUDIT.**

**INSURANCE DEDUCTIBLES, CO-INSURANCE AND CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE— THIS IS A FEDERAL LAW.** Although it is possible that mental health coverage deductible amounts may have been met elsewhere (e.g., if there were previous visits to another mental health provider since January of the current year that were prior to the first session at the clinic), this amount will be collected by the clinic until the deductible payment is verified to the clinic by the insurance company or third-party provider.

All insurance benefits will be assigned to this clinic (by insurance company or third-party provider) unless the Person Responsible for Payment of Account pays the entire balance each session.

**CLIENTS ARE RESPONSIBLE FOR PAYMENTS AT THE TIME OF SERVICES. THE ADULT ACCOMPANYING A MINOR (OR GUARDIAN OF THE MINOR) IS RESPONSIBLE FOR PAYMENTS FOR THE CHILD AT THE TIME OF SERVICE.** Unaccompanied minors will be denied non-emergency service unless charges have been preauthorized to an approved credit plan, charge card, or payment at the time of service.

**MISSED APPOINTMENTS OR CANCELLATIONS LESS THAN 24 HOURS PRIOR TO THE APPOINTMENT MAY BE SUBJECT TO A MINIMUM FEE OF \$150.00.**

Questions regarding the financial policies can be answered by the Office Manager. Payment methods include check, cash or credit card.

**I (we) have read, understand, and agree with the provisions of the Financial Policy.**

Person responsible for account: \_\_\_\_\_ Date: \_\_\_\_\_

Co-responsible party: \_\_\_\_\_ Date: \_\_\_\_\_