



AHWI Psychology Group

5100 E. The Toledo, Long Beach, CA 90803
562.439.3425 Phone | 562.433.5522 Fax

FINANCIAL AGREEMENT

I understand that AHWI Psychology Group will be billing my insurance company, Medicaid, or Medicare for the therapy or evaluation services. I further understand that I am responsible for all reasonable and customary fees that my insurance company does not pay, such as deductibles or copays. I also understand that AHWI Psychology Group is billing my insurance company as a courtesy rather than my paying for services up front and waiting to be reimbursed by my insurance company. Regarding self-pay clients, all fees for services are the sole responsibility of the client or parent/guardian (if applicable) and payment is expected on the date of service. I understand that AHWI Psychology Group will work with my insurance company and me to receive payment from them. For my convenience AHWI Psychology Group will wait a reasonable amount of time to be reimbursed by my insurance carrier for services delivered. However, sometimes, insurance companies do not pay in a timely manner. I acknowledge that AHWI Psychology Group will bill me, the client, directly if services have not been paid within 60 days AHWI Psychology Group will notify me in writing that they have not been paid by my insurance carrier and that AHWI Psychology Group encourages me to contact the carrier to arrange for payment of services in a timely manner.

I further understand that records (written or verbal) may not be released to me or on my behalf if I have an outstanding balance due to AHWI Psychology Group except for emergencies (may vary depending on state law). Returned checks will be an additional fee of \$50 dollars and payment must be paid in the form of cash, money order or debit/credit card if paying a returned check fee.

Cancellation: AHWI Psychology Group requires that you provide a 24-hour notice for any appointment that you have to cancel. Failure to notify AHWI Psychology Group within this time frame will result in a \$50 cancellation fee for a therapy session and \$100 for psychological assessment. Exceptions to this policy include emergencies (i.e. car accident, death in the family) and unexpected sickness.

If a clinician is requested, or court-ordered, to appear on my behalf as it relates to services I receive, or have received, from AHWI Psychology Group, I understand that the fees associated with this are not the contracted rate of my insurance company or self-pay rate. A retainer fee of \$750 is required and an hourly fee of up to \$250 will be applied to any court-related services including but not limited to reviewing records, performing examinations, preparing reports, conferring with attorneys, travel time, testifying time, waiting time, or time spent in any other way on this specific case. If the amount of time spent is less than the retainer fee, AHWI Psychology Group will reimburse me for the balance. Payment is expected two weeks before any appointment. If payment is not received when expected, the appointment will be automatically cancelled. Full payment will be expected for appointments not kept or for appointments not cancelled 48 hours in advance. A charge may be made for deposition time, court time, or blocks of time longer than 2 ¼ hours that were not cancelled two weeks in advance. Depositions are scheduled for a minimum of two hours.

Signature of Client or Parent or Legal Guardian

Date

Print Name

Relationship

AHWI Psychology Group

Date