FAMILY LIVING INSTITUTE

1307 Jamestown Rd. Suite 202 Phone: 757-229-7927
Williamsburg VA, 23185 Fax: 757-253-8891

SERVICE AND FINANCIAL POLICY STATEMENT

Name: _____ **PROVIDER:** _____

Business Office Hours: Monday- Thursday 9:00am - 6:00pm
Friday 12pm – 5:00pm.

24-Hour Answering Services:
757-229-7927

Insurance Benefits: Every effort will be made to work with you and your insurance company(s), but remember your insurance policy is a contract between you and your insurance company and your therapist. If for any reason your insurance policy does not cover the service, or IF YOU FAIL TO ADVISE US OF ANY CHANGE IN YOUR INSURANCE COVERAGE, you are responsible for the remaining balance.

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:

☐ I have **NO** insurance coverage. I will pay fully the day of my appointment or complete a payment agreement with my therapist.

☐ FLI will submit claims to my insurance carrier, and I authorize the insurance payments to be paid directly to FLI. I will pay my deductible and/ or co payment at the time of my appointment. I will provide FLI with completed insurance forms if needed. It is my responsibility to negotiate with my insurance carrier if incorrect payment is made to FLI and the balance in question is my responsibility.

☐ I will submit my own insurance claims and have the insurance payments made directly to me. I will pay fully the day of my appointment.

FEES FOR PROFESSIONAL SERVICES

Services	Length	LPC-INS	M.D. INS	Cash - LPC	Cash M.D.
Initial Diagnostic Assessment	45-60 min	$195.00	N/A	$130.00	N/A
Individual, Marital, or Family Psychotherapy	45-60 min 30 min	$165.00 $95.00	N/A	$130.00 $95.00	N/A
Initial Psychiatric Evaluation	45-60 min	N/A	$300.00	N/A	$250.00
Psychiatric Medication Management	15-20 min 21-40 min	N/A	$200.00 $400.00	N/A	$150.00 $250.00
Letters, Reports, and Lengthy Phone Calls	Per 30 mins	$95.00	N/A	N/A	N/A

*Other services based on the individual provider's fee schedule.

Appointment Policy: Please tell the receptionist when you arrive for your appointment. Therapy appointments are scheduled to reserve time for you in a predictable manner. **MISSED** or **CANCELED** appointments will be charged a fee $65 or above per visit, unless a 24 HOUR NOTICE is given. Insurance carriers do NOT cover missed or canceled appointments. **Initial**_____

Balances 60 days past due which are not fully paid within 30 days after completion of therapy will be subject to a 1.5% per month service charge. If the bill is not paid, collection expenses, court costs, and attorney's fees (up to 45%) will be your responsibility and added to your bill. If you have concerns about this policy, discuss them with your therapist in your first session. The parent who brings the child in will be sent the bill and is responsible for the payment; we do not bill other parties such as young adults, or non-custodial parents.

I HAVE READ THIS SERVICE AND FINANCIAL POLICY STATEMENT AND UNDERSTAND ITS CONTENTS AND AGREE TO THE TERMS STATED
I PERSONALLY GUARANTEE PAYMENT OF THIS ACCOUNT

Name: _____ Signature: _____ Date: _____

Revised 07/01/2021