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5011 Argosy Avenue, Suite 9  
Huntington Beach, CA 92649

285 Imperial Hwy. Suite 104  
Fullerton, CA 92835

## **Commercial & Private Pay Financial Agreement**

### **Session Information**

Each therapy session lasts between 45-55 minutes. Typically, sessions take place on a weekly basis, at a mutually agreed date and time.

### **Other Services/Fees**

- Written reports and/or letters - \$75
- Professional Consultation (responding to Subpoenas, Doctor, Lawyer, etc.) - \$125/hour
- Document Copy Services - \$15 + 15 cents per copy
- Returned Check Fee - \$15

All fees are to be paid at the time of service. CAV Family Therapy, Inc. offers a sliding scale on a case-by-case basis. If you feel a reduction is warranted, please ask your therapist.

Certain insurance plans have pre-determined fee arrangements that may be different than the amounts mentioned above. Upon verification of your eligibility and benefits, your insurance carrier will be billed for you and your therapist will be paid directly by the carrier. You are responsible for any applicable deductibles, co-payments, co-insurance, or session fees that are not covered by your carrier. CAV Family Therapy, Inc. may provide you with a superbill, upon request; however, CAV Family Therapy, Inc. cannot guarantee that your insurance plan will reimburse you for the session. After claims process, any unpaid client balance will be charged to the card on file. All remaining balance are due upon receipt, unless other payment arrangements are made.

Please be aware that if you are being seen with your out-of-network benefits, some insurance carriers may send you the session payment directly. This payment is to be forwarded to CAV Family Therapy, Inc. for payment of services rendered.

It is the responsibility of the insured/parent/client to present secondary or tertiary coverage at the time of initial visit. If not presented at the initial visit, the client/parent will be responsible for filing secondary claims themselves. The client/parent is also responsible for keeping track of referrals, authorizations and/or plan limitations including visit limitation. Any information or statements written here are not a guarantee to make benefits and/or payment and are subject to payment of premiums, as well as, policy limitations and exclusions outlines in your plan guidelines. The information above including our network status was obtained based on the questions asked of your Insurance Carrier when checking benefits. Network status is based on information given to the

practice by your insurance carrier when verifying benefits. CAV Family Therapy, Inc. recommends checking with your insurance directly to obtain network status. No insurance carrier will guarantee benefits until a claim is received in their office and reviewed for medical necessity. Please note any insurance carrier has the right to deny any type of claim including therapy, other services or supplies for the treatment of a condition which ceases to be therapeutic treatment and is instead administered to maintain a level of functioning or to prevent a medical problem from occurring or recurring.

**No-Show and Cancellation**

Once your appointment is scheduled, CAV Family Therapy, Inc. requires you to cancel directly with your therapist 24 business hours prior to your scheduled session. If your appointment is on a Monday, you must cancel on Friday before 3pm to be within CAV Family Therapy, Inc. policy. Please contact your therapist directly for all communication, scheduling, and cancellations. If you no-show or cancel less than 24-hour notice, you will be responsible for the entire cost of the session which includes the amount billed to insurance, co-payments, co-insurance, and deductibles as insurance plans do not reimburse for missed and cancelled appointments. Payment will be charged to your card on file or will be collected via telephone or electronically. Payment for no-show or late cancellation is due prior to scheduling another session.

Please contact your therapist directly for all communication, scheduling, and cancellation. If you lose your therapist's contact information, you may contact our office for their information. If you need to contact our office for your therapist's information, CAV Family Therapy, Inc. advises that you plan accordingly so that you may relay your scheduling issues with your therapist in a timely manner.

We pride ourselves on offering care that is outside of the norm of managed health care and that allows each client the time needed to address their specific needs. Because of the focus of our practice and shortage of mental health providers, many of our clinicians have waiting lists and thus, no-shows or late cancellations take away from other clients seeking treatment. We understand that certain emergencies arise that are beyond your control, however, if excessive no-shows or late cancellations occur, this will result in a termination of treatment. Please discuss any concerns with your therapist in these circumstances.

**Delinquent Accounts**

Any unpaid balances past 30 days will result in a delinquent account, CAV Family Therapy, Inc. will begin collection procedures. If collection procedures are initiated, CAV Family Therapy, Inc. will attempt to contact you directly. If your account remains delinquent, past 90 days, an outside collection agency may be used. In such cases, non-clinical information (as given on the New Client Information form) may be released to assist in the collection of the amount due.

**Private Insurance Clients:**

I authorize CAV Family Therapy, Inc to bill my private insurance plan with: \_\_\_\_\_

*I am responsible to pay fees for each session in accordance with the patient responsibility listed on the Explanation of Benefits, which is issued by my private insurance carrier. If my insurance carrier denies the claim, I am financially responsible for the billed amount.*

**Cash Pay Clients:**

I agree that I am responsible for the payment of:

\$\_\_\_\_\_ per 30-minutes | \$\_\_\_\_\_ per 60-minutes

*which is due and payable at the time of the session. If the session extends more than 10 minutes, and additional cost of \$\_\_\_\_\_ will be charged.*

Please check one:       Accept a copy of Agreement       Decline a copy of Agreement

**Private Insurance Clients Only  
Credit Card Authorization**

All private insurance clients are required to keep a valid credit card on file. For your convenience, this credit card will only be used as a form of payment for fees incurred for deductibles, co-payments, co-insurance, no-show or late cancellations, or returned checks.

Card Type:       Visa       Mastercard       Discover       American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name as Printed on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(Street and Number, City, State, Zip)

*I agree that all the information provided is accurate and complete. With my signature, I certify that I am an authorized signer on the above credit card account. I authorize CAV Family Therapy, Inc. to make charges to my credit card for services rendered according to the terms specified in this Contract.*

\_\_\_\_\_  
Authorized Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Signature of Person Financially Responsible

\_\_\_\_\_  
Date

Revised 01/2021