

Jennifer Levy, LCPC, CST, P.C.  
**FINANCIAL AND MISSED APPOINTMENT POLICIES**

**Patient Name:**

**Date:** \_\_\_\_\_

**I am committed to providing you with the best possible mental health care.**

Please take a moment to review my financial policies.

**Payment for Services:** Payment is due at the time of service. Jennifer Levy, LCPC, CST, P.C. does not file insurance claims nor am I contracted with insurance carriers including Medicare. I am considered an **“out of network provider.”** I will provide with you a receipt that includes all the necessary information for submitting the claim to your insurance company.

Method of Payment: My office accepts cash, personal checks, Quick Pay (beginning 11/2020) and credit card payments (through IVY PAY mobile APP- to be set up during first appointment).

**Missed Appointments:** Missed or cancelled appointments represent a cost to the practice, to you and to other clients who could have been seen in the time set aside for you. Cancellations are required 2 business days prior to the appointment.

**Failure to contact the office (via email or voicemail) 2 business days prior to your appointment to cancel or re-schedule will result in a “no show or late cancel” charge for the full amount of the missed appointment.**

**Phone appointments:** Phone/FacetTme appointments may be scheduled only at the discretion of Jennifer Levy, LCPC, CST and will be charged at the same rate as an in-office appointment. Other phone conversations may incur a charge on a case by case basis. Phone appointments may not be reimbursed by your insurance company.

**Medical Record Copies:** Jennifer Levy, LCPC, CST, P.C. reserves the right to charge a fee to copy medical records. I currently do not have an electronic records system.

**I have read and understand Jennifer Levy, LCPC, CST, P.C Financial and Missed Appointment Policies. I agree to allow my credit card on file to be charged for missed appointments or late cancelled appointments.**

**Patient Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date:** \_\_\_\_\_

