



Financial Agreement and Attendance Policy

Financial Agreement

I authorize treatment of the person named below and agree to pay all fees for such treatment.

- I authorize my insurance benefits to be paid directly to the provider of service and I am financially responsible for non-covered services, co-pays, deductibles, and exhausted benefits.
- I agree that I will not withhold or delay payment if my insurance company denies payment on any of my charges
- I am financially responsible for a billing fee. I understand that balances over 60 days may incur a billing fee of 1% per month (12% APR), (RCW 19.52) with a minimum charge of \$1.00 monthly.
- I understand that HSDC charges a \$30.00 fee for returned checks (per RCW 62A.2-515 and 520). If the original charge and the resulting NSF fee is not paid within 30 days, the account will be sent to collections.
- In the event it should become necessary to place for collection an unpaid balance due for services rendered to me or my family, I/we agree to interest and collection fees, including attorneys' fees and costs.

Attendance and Cancellation Policy

All appointments must be cancelled with at least 24 hours' notice.

- A missed appointment/no show fee of \$75.00 may be charged for all appointments that are not cancelled with 24 hours' notice. Except in the case of emergency or illness,
- Patients how are more than 15 minutes late to an appointment will be marked as a "no-show" and will need to reschedule.
- If a client misses more than 20% of their appointments, they may be places on "Walk-in" only status, meaning that they will not be given a routine time for scheduled appointments.
- If ongoing attendance is poor or problematic, services may be terminated.

Signed name of patient/personal representative

Date

Printed name of patient/personal representative