



1225 E. River Drive Suite 330 Davenport, Iowa 52803  
Phone: 563-424-0136 [www.insideoutqc.com](http://www.insideoutqc.com)

## **FINANCIAL AGREEMENT**

**\*Please initial each of the following statements agreeing to our policies. \***

\_\_\_\_\_ Payment for copay, co-insurances, deductible or out of pocket fees are due at the time of service. We accept private pay and some insurance plans. Cash, check, Visa, MasterCard, HSA are accepted. A credit card is required to have on file for each visit to ensure office efficiency, but you may still use a different form of payment at the time of service. This form authorizes Inside Out Counseling & Consulting to charge outstanding balances to the credit card you provide us. If paying with a check, please make it payable to Inside Out Counseling & Consulting. A \$25.00 service charge will be added for any checks returned for any reason. If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time that we run your card, there is a possibility it could later be denied. In this event, you are responsible for full payment balance.

### **MISSED APPOINTMENT POLICY**

\_\_\_\_\_ If you are unable to keep an appointment, you must notify me by phone (563-424-0136) or email ([help@insideoutqc.com](mailto:help@insideoutqc.com)). Appointments must be cancelled **at least 24 hours prior** to your appointment; otherwise, your account will be charged based on our late cancellation process. If you **fail to show** for your appointment without notice, your account will be charged the **full session fee**. If you are 15 minutes or more late to your appointment, then that session will be canceled. If no contact was made with the provider about late attendance or the need to cancel, then this will count as a **no call no show** and your account will be charged the **full session fee**. All fees will be due and payable by your card on file. You acknowledge that you have read and agree to the terms of this agreement. In the event of extremely bad weather such as ice and snow, please call the office to confirm office hours.

### **LEGAL/PROFESSIONAL FEES**

\_\_\_\_\_ There may be charges for questionnaires or letters that are not normally required for billing or treatment purposes, including but not limited to lengthy phone consults, or medical record requests. You are agreeing to not depose me by signing this Consent Form; but should I be ordered to testify, there will be a fee of no less than \$1200.00. The \$1200.00 reserves a maximum of a 4-hour block. The minimum block to reserve after the initial 4 hours is another 4 hours at the same rate. This is non-refundable when reserved and also payable at the time of reserve for me to clear my schedule for your case for any legal deposition or court testimony or proceedings or meetings. Expenses I may incur

such as parking, travel time, telephone calls, and time spent preparing documents will be charged at an appropriate rate and are in addition to the minimum \$1200.00. My fee for matters involving the courts, included but not limited to reviewing case files, consultations with attorneys and/or patients, or preparation for court matters by court order, will be assessed at \$400 per hour with a minimum of 2 hours, which is non-refundable.

**INSURANCE**

\_\_\_\_\_ If you choose to utilize your insurance, I will file your claim as a courtesy. You are ultimately responsible for the charges. If claims are denied due to lack of coverage, then you are responsible for the charges. You may choose to avoid insurance and privately pay by waiving right to file. If I am out-of-network with your insurance, you can be provided with a superbill to submit to your insurance for possible reimbursement.

**DELINQUENT ACCOUNTS**

\_\_\_\_\_ In the event that the account becomes delinquent, the responsible party agrees to pay for attorney or collection fees. The account will become delinquent after it has matured to 60 days from the date of service. Once in collections, there will be an added 35% to the account balance plus incurred legal fees. The office of Inside Out Counseling & Consulting will determine the collection agency.

**NO SHOW/LATE CANCEL**

\_\_\_\_\_ In the event that you are unable to keep an appointment, please contact the Inside Out front office by phone (563-424-0136) or email (help@insideoutqc.com). Appointments must be cancelled at least 24 hours prior to your scheduled appointment; Otherwise, your account will be charged a \$60 late cancellation fee.

\_\_\_\_\_ If no contact was made with the provider about late attendance or the need to cancel, then this will count as a No Call/No Show and your account will be charged a "No Show Fee" in the amount of the full session fee.

\_\_\_\_\_ All fees will be due and payable by your card on file. You must acknowledge and approve of this transaction. In the event of extremely bad weather please call the office and confirm business hours.

**I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS  
CONTAINED IN THIS DOCUMENT.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

<p><b>Parent/Legal Guardian:</b> Print Name: _____ Date: _____ Signature: _____</p>
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