FINANCIAL POLICY STATEMENT

Jean Miller Counseling Center LLC would like to thank you for choosing us to provide your counseling needs. The policies listed below have been approved by management with the goal of providing quality and professional service to our clients.

Jean Miller Counseling Center LLC shall provide service regardless of race, color, creed, handicap, socioeconomic status, sexual orientation and religious beliefs.

Bill Responsibility

All patients or guarantors receiving services are financially responsible for the timely payment of all charges incurred. While Jean Miller Counseling Center LLC will file claims with the patient's designated insurance company as a courtesy, the patients/guarantors shall ultimately be responsible for any outstanding balance not covered by insurance in accordance with the posted counseling fees presently in effect.

Not all services are covered by all insurance companies. It shall be understood that by accepting and consenting to services, the patient is responsible for payment regardless of insurance coverage.

Point of service Collections

Payment for services is due upon services rendered. Non-emergency series may be deferred until necessary payment arrangements have been established.

Clients unable to comply with Point-of-Service payment policy will be assisted in making necessary arrangements.

If patients account is not paid in full or a satisfactory arrangement made within allowable time frames, Jean Miller Counseling Center LLC reserves the right to refer the account to an attorney or a collection agency.

Payment Agreements

Jean Miller Counseling Center LLC will make a reasonable effort to assist patients in meeting their financial obligations. Financial arrangement or payments shall be at the clinician's discretion based on the amount due.

Acceptance of Insurance

The clinic will accept "Estimation of Benefits" on verified insurance policies and submit a claim on patient's behalf. It is understood that insurance is filed as a courtesy and does not relieve the patient of financial responsibility. Patients/guarantor shall be responsible for all balances due post insurance payment.

Rejected Claims

Our clinicians and office manager are her to assist you with your insurance questions. Coverage issues can only be addressed by your employer or group health administrator. Although our assistance is available, we cannot act as a mediator on your behalf.

Clients Signature/Responsible Party: _____ Date: _____

Therapist Signature: _____ Date: _____

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