

The Therapy Center at DCCH



Please print all information.

Fax completed form to 859-331-1614

SERVICE POLICIES

CONSENT TO TREATMENT

By signing here I give consent to The Therapy Center to provide therapy services to me or my dependent.

CONFIDENTIALITY

This is important to us. We have a separate private entrance to our suite as well as another exit where you do not have to go back through the waiting room if you desire. Our offices are soundproof and our electronic files secure. We will not share your records with anyone without your consent. We will do all we can to maintain your confidentiality. There are some limits by law to which we are bound. If you disclose any abuse to us, we are bound by law to report it.

MISSED APPOINTMENTS

If you fail to keep a scheduled appointment or if you do not provide 24 hour notice of cancellation, you will be charged \$70 for each missed appointment or late cancellation.

INSURANCE CHANGES

Clients are responsible for monitoring their own insurance benefits. Clients must notify The Therapy Center when there is a change in insurance. If the client fails to do so and the service is not covered, the client assumes all financial responsibility. You are ultimately responsible for payment of your bill.

CO-PAYS/DEDUCTIBLES

Your co-pay is due at the time of service. A late fee of \$20 will be assessed if not paid at this time. If you are considered out of network, you are responsible for full payment at the time services are rendered. If you are considered in-network, you must pay at the time of service unless you are able to provide proof that you have met your deductible.

AFTER-HOURS APPOINTMENTS

Our normal business hours are 9:00AM to 5:00PM. When appointments are scheduled outside of normal business hours, co-pays must be paid by either check or cash with exact change. If you need to make your payment on a credit card, you may call the office prior to your appointment during business hours and make payment with your credit card. During normal business hours, we are able to accept credit cards.

QUALITY SERVICES

You can expect to have quality professional services provided to you. If at any time we fail to meet that standard, you may contact John Ross at jross@dcchcenter.org to discuss your concerns.

OVERDUE BILLS

Please contact us if you are having difficulty paying your bill. We will work something out with you. If you fail to pay a bill or work out a payment plan after a bill is delinquent for four months, it will be turned over to a collection agency.

COMMUNICATION

We may need to contact you. Please indicate your preferred manner of contact:

Telephone _____

Voice Mail _____

E-Mail _____

Regular Mail _____

Signature of Client/Guardian Responsible

Date

Printed Name