



**Fees and Payment Policy**

Momentum Psychological and Assessment Services is committed to providing you with the best possible care. In order to achieve this goal, we need your assistance and your understanding of our policies.

Fees are based on a fifty-minute hour. You are encouraged to inquire about or discuss fees at any time there are questions in this regard.

**It is our policy that all fees be paid at the time of service.** In the event that responsibility for payment is with another person or agency, that responsibility must be clearly established prior to services being provided.

**All charges are your responsibility on the date services are rendered.** We would be happy to provide a detailed billing summary for you to submit to your insurance company for possible reimbursement. Reimbursement by insurance or other third party payers depends on the type of service being provided, the specific diagnosis, and the therapist providing the service. While we will make reasonable attempts to assist in answering questions regarding insurance coverage, the most reliable source of information is the insurance carrier.

**It is your responsibility to verify your plan benefits.** Your insurance is a contract between you and your insurance carrier. Primarily, insurance billing is the responsibility of the client and/or responsible party. We must emphasize that as health care providers our relationship is with you, not with your insurance company.

**Evaluations must be paid in full prior to the release of any report regardless of possible insurance coverage.** Psychological evaluations are generally not eligible for reimbursement by insurance or third party payers.

Large blocks of time are reserved for appointments. Charges will be billed for appointments canceled without 24 hours advance notice.

I understand and agree that I am responsible for the balance on my account for any professional services rendered. I have read all the information and have been given the opportunity to ask questions.

\_\_\_\_\_  
Signature of Client or Responsible Party

\_\_\_\_\_  
Date