

A Better Way Counseling Service, LLC

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Financial Policy

Thank you for choosing us as your mental health provider. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. In order to reduce confusion and misunderstanding between our clients and our practice, we have adopted the following financial policy:

Whether you are paying fully out of pocket or have mental health coverage with your insurance, our staff is prepared to answer your questions and concerns. We understand that even with insurance, most clients will experience at least some out-of-pocket expense. The amount insurance pays varies from one policy to another. As a courtesy service to you, we will call to verify the extent of your coverage and review the results with you. However, the final extent of your coverage and the exact amount of your liability can only be determined after your claims have been processed by your insurance carrier. We recommend all of our clients take the time to verify his or her own coverage for mental health care before beginning treatment at our office.

The benefits quoted to us by your insurance company are not a guarantee of payment. Your insurance policy is a contract between you and your insurance company. If for any reason your insurance company does not pay for services or deems certain procedures as non-covered, you will be responsible for the complete charge. Any balance due is your responsibility and payment is due upon receipt of statement from our office.

To reduce our costs and create savings for you, we prefer to have charges paid at the time services are rendered. We accept cash, check, and all major credit cards. A bill for services rendered will be sent to you in the event there is a difference between what was paid at time of service and what insurance has placed towards your responsibility. If you have a dispute concerning an account balance, we advise you to contact your insurance company first - and then contact our office.

We encourage you to ask any questions you may have regarding our financial policy so that you may have a clear understanding. If a financial hardship exists, please speak with a member of our staff concerning your treatment options. Our goal is to concentrate on returning you to optimal health and to establish overall well being. We value you as a client and look forward to serving you.

If you cancel a session with less than 24 hours notice, the full session fee will be charged to the client. This is an updated policy from what is written in your counselor's disclosure statement, as of 2018. This fee can be waived in the case of a documented emergency, or at your counselor's discretion.

By signing below you acknowledge that you have read and understand this financial policy and accept the above mentioned terms.

Client Name: _____ Date: _____

Client Signature: _____ Date: _____

Robert Johnson, M.Ed., LMHC

Debbie Tomasovic, M.Ed./Ed.S., LMFT

Certified Domestic Violence Treatment Providers and Supervisors

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