

Dr. Sandra J. Rahe LIMHP
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Office Financial Policy and Billing Agreement

Name (*print*): _____ Email: _____

Insurance Coverage:

- ❖ I agree to contact my **insurance company to verify outpatient mental health benefits**. You pay for your insurance and **it is your responsibility to know the benefits of your policy.** _____ (Initial)
- ❖ Should a dispute arise on a claim, **it is generally the clients' responsibility to clarify and resolve the dispute with the insurance company.** _____ (initial)
- ❖ If insurance *is* filed, any deductible not yet met is **due at the time of service & any co-pay.** _____(initial)
- ❖ If Insurance *is not* being filed, **the full charge needs to be paid at the time of service.** _____ (initial)

Payment:

- ❖ **I agree to provide a 24 hour notice to cancel an appointment or I may be charged a late cancellation fee of \$85.00.** If you have Medicaid, the charge is \$10.00 _____(initial)
- ❖ **I agree to pay a no-show fee of \$85.00** if I do not attend a scheduled appointment. If you have Medicaid, the charge is \$10.00. **Fees must be paid before your next appointment.** _____ (initial)
- ❖ **I agree to pay my entire bill within 30 days** from the session or pay a **\$5.00 late fee.**_____ (initial)
- ❖ I understand that I can pay my bill with a debit or credit card on the **"Pay Now" button on the website, www.DrSandraRahe.com**; however, cash and checks are accepted in the office. _____(initial)
- ❖ There is a \$30.00 charge for checks that do not clear the bank. _____(initial)
- ❖ I understand my account is **delinquent if not paid in full in 90 days** and may be sent to a collection agency. _____ (initial)
- ❖ Phone calls are **not** billable to your insurance. Phone calls are **billed for the amount of time spent on the phone, at the pro-rated hourly rate.** (See fee schedule). _____ (initial)
- ❖ **I agree** to send/receive email & text messages understanding these messages are NOT encrypted_____ (initial)

I certify that I have read, understand and agree to the foregoing. The undersigned is the client or is duly authorized by or on behalf of the client to execute the above and accept its terms.

Signature of Client or Responsible Party

Date

Signature of Witness

Date