

Merrimack Valley Counseling Association
39 Simon Street, Unit 2A
Nashua, NH 03060
(603) 888-4347

**NOTICE TO CLIENTS/PATIENTS REGARDING PAYMENTS AT THE TIME OF
SERVICE AND CANCELLATION POLICY**

DEAR CLIENT/PATIENT:

PAYMENT IS DUE AT THE TIME OF SERVICE.

THIS INCLUDES CO-PAYMENTS AND DEDUCTIBLES.

YOUR APPOINTMENT TIME IS VALUABLE TO YOU AND TO YOUR CLINICIAN. SHOULD YOU NEED TO CANCEL OR CHANGE YOUR APPOINTMENT, WE REQUIRE 24 HOURS NOTIFICATION SO WE MAY SCHEDULE ANOTHER PATIENT DURING YOUR APPOINTMENT TIME.

YOUR INSURANCE WILL NOT COVER ANY PORTION OF THE FEES FOR A MISSED OR CANCELED APPOINTMENT.

THERE MAY BE A \$80 CHARGE ASSESSED FOR ANY APPOINTMENT YOU FAIL TO KEEP OR CANCEL WITHOUT PROVIDING 24 HOURS NOTICE TO US. **THIS FEE MUST BE PAID BEFORE WE WILL SCHEDULE YOUR NEXT APPOINTMENT.**

READ AND UNDERSTOOD:

Client/Patient

Date: _____

(OVER)



NOTICE TO CLIENTS/PATIENTS

Please be aware that scheduling both a psychotherapy and a medication management visit for the same day may create a problem with your insurance company. The insurance companies often will not reimburse us for two appointments on the same day, based on the billing codes the providers use.

If you have an appointment with a medication provider and a therapist on the same day (even if one of the appointments is at another practice), please inform our front desk staff and the provider so we can be sure your claims are submitted properly.

Otherwise, you may be charged for one of the visits.

Please sign below to acknowledge your understanding of this policy and accept responsibility to pay for services rendered for same day appointments if they are denied by your insurance company.

Signature
Print Name: _____

Date: _____