



3443 Pelham Road, Suite 300, Greenville, South Carolina 29615  
Phone 864-297-5377

## FINANCIAL POLICIES

Initial each statement below and have all responsible parties sign form to acknowledge and agree to policies.

Patient(s) Name: \_\_\_\_\_

- \_\_\_\_\_ Each patient is financially responsible for payment of therapy services provided. **PAYMENT IS DUE AT THE CONCLUSION OF EACH SESSION IN FULL.** Payment is accepted in cash or check **made out to individual therapist LLC.**
- \_\_\_\_\_ Keystone or any independent therapist do not contract with any insurance provider. Keystone independent therapist will not communicate with your insurance carrier and will not file claims on your behalf. It is the client's responsibility to pay for services in full.
- \_\_\_\_\_ Any insurance balance that has gone unpaid for 30 days becomes the responsibility of the patient and will be paid immediately upon request.
- \_\_\_\_\_ Keystone Counseling & Consulting, LLC requires 24 **business hours** to cancel or reschedule your appointment. **IF YOU CANCEL A SESSION WITH LESS THAN 24 HOURS NOTICE YOU WILL BE CHARGED FOR THE SESSION.** You must cancel a Monday appointment by 2:00 pm Friday. Please make cancellations directly with your therapist by phone. **Cancellations will not be accepted by e-mail.**
- \_\_\_\_\_ Please be prepared to pay "no-show" fees by cash or check in full prior to your next session.
- \_\_\_\_\_ All fees for services are posted in the reception area. You may also request a copy of these fees from your therapist at any time.
- \_\_\_\_\_ There is a \$25.00 fee for all returned checks. Once there has been a returned check your therapist may require payment in cash or money order for future sessions.
- \_\_\_\_\_ Should your account be placed with a collection agency, you will be responsible for reasonable attorney fees, costs of collection, collection agency fees, court cost, service charges and/or interest charges as allowed by law.
- \_\_\_\_\_ Keystone is a consortium of independent practitioners licensed in South Carolina and each provider operates as an independent contractor under a separate Limited Liability Company. Payments will be made directly to provider at time of service and checks will be made out to independent therapist LLC.

If more than one individual (e.g., couple, family, multiple parties) is seeking therapy, each individual's signature is required. Signatures indicate they have read this form and consent to Keystone's Financial Policies.

_____	_____	_____
Responsible Party 1 (Client or Guardian)	Signature	Date
_____	_____	_____
Responsible Party 2	Signature	Date