

**FINANCIAL POLICY AND PAYMENT CONTRACT FOR SERVICES  
TO BE COMPLETED BY THE FINANCIALLY RESPONSIBLE PARTY, IF NOT THE PATIENT**

Gabriela Portas, LCAT, provides psychotherapy and consultation services. I am requesting that you read and sign this statement to acknowledge your understanding of my Financial Policy.

I am committed to providing caring and professional mental health care to all of my clients. As part of the delivery of mental health services I have established a financial policy which provides payment policies and options to all clients. This financial policy is designed to clarify the payment policies of this practice.

The Person Responsible for Payment of Account is required to sign this form, which explains the fees and collection policies of this practice.

**Insurance Billing:**

I'm currently only able to work as an *out-of-network* provider. For out-of-network benefits you are asked to contact your insurance company to determine whether you are entitled to these benefits under your current plan. Out-of-network insurance billing requires you to pay the full fee of the session up front. Your insurance policy, if any, is a contract between you and the insurance company; this practice is not part of the contract with you and your insurance company. As a service to you, this office will provide documentation and receipts for services rendered, which may be submitted for reimbursement to your insurance company and other third-party payers. However, such benefits or the amounts covered are not guaranteed, and this office is not responsible for the collection of such payments. In some cases insurance companies or other third-party payers may consider certain services as not reasonable or necessary or may determine that services are not covered. In such cases the Person Responsible for Payment of Account is responsible for payment of these services once they have been rendered. Clients are charged the usual and customary rates for the area. Clients are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates.

**The Person Responsible for Payment will be financially responsible for paying funds at the time of service.** The adult accompanying a minor (or guardian of the minor) is responsible for payments for the child at the time of service. Unaccompanied minors will be denied non-emergency service unless charges have been preauthorized to an approved payment plan, or payment at the time of service. Payment methods include check, cash, or credit card.

I have read and understand the terms of this policy and have had the opportunity to have any questions answered by Gabriela Portas, LCAT.

**Client's Name(s):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Bill to: Person responsible for payment of account:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

GABRIELA PORTAS, ATR-BC, LCAT  
PSYCHOTHERAPIST & CREATIVE ARTS THERAPIST  
LICENSE NO. 001343-1

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**Fees for Professional Services**

I agree to pay Gabriela Portas, LCAT a rate of \$250 for an intake appointment and \$170 for each clinical unit (defined as 50 minutes for consultation, individual or family therapy.) Clinical units other than 50 minutes will be prorated (eg., \$100 for 30 minutes, \$200 for 60 minutes.) Please speak with me regarding sliding scale options.

For adult clients, a fee equal to the clinical unit charge is applied to missed appointments or cancellations with less than 48 hours notice. For child clients, a fee equal to the clinical unit charge is applied to missed appointments or cancellations with less than 24 hours notice. Payments are due at the time of service. Payments not received after 120 days are subject to collections.

**While you can pay by check or cash, Gabriela Portas, LCAT requires a credit card on file for all patients. If paying by check or cash, this card will only be charged for missed appointments or cancellations made with less than 48 hours notice (adult clients) or 24 hours notice (child clients). All cancellations should be made by phone. Cancellations made by email will be considered late even if given within 48 hours of the appointed time and be charged accordingly.**

*If extenuating circumstances make it necessary for Gabriela Portas, LCAT to cancel a session, all efforts will be made to provide you with alternative dates and times for us to meet during that week.*

**Telephone calls and E-mail:** There is no charge for telephone calls except if we have pre-arranged a formal over-the-phone session. E-mail may be used for communication when phone calls are not possible at no charge. *However, please do not e-mail me when needing an expedited response. Contact me by phone and I will return your call within 24 hours. If you are experiencing a serious psychiatric **emergency**, call 911 immediately or go to your nearest hospital emergency room.*

I (we) have read, understand, and agree with the provision of the Financial Policy and Payment Contract for Services.

Person responsible for account: \_\_\_\_\_ Date: \_\_\_\_\_

Co-responsible party: \_\_\_\_\_ Date: \_\_\_\_\_