

Yellowstone Counseling Center

Kelly Christy, MS
Licensed Clinical Professional Counselors
208 N. Broadway, Ste. 423
Phone 406-896-8427

Aimee Rust, MS
Billings, MT 59101
Fax 406-245-5980

BILLING AND PAYMENT POLICY

Please initial each of the following Yellowstone Counseling Center Billing and Payment Policy statements.

_____ It is my responsibility to verify insurance benefits before coming into the office including copay and deductible at the time of service.

_____ If insurance determines that I have not met my deductible, I understand that I will be fully responsible for payment. Yearly deductibles and copays cannot be waived at any time by the provider.

_____ I acknowledge that I assume full financial responsibility for services rendered to me if my insurance carrier denies or does not cover my claim for these services.

_____ New Clients without insurance coverage are expected to pay in full at the time of service.

_____ We will submit insurance claims and allow sixty (60) days for those claims to be paid. Balances that remain at the end of the 60- day period require monthly payments even if insurance claims are pending.

_____ You will receive a statement from our billing office once claims are recognized by insurance. The statement will detail all charges, payments, and credits entered on your account during that month.

_____ The balance on an account should never exceed \$300.00. You are required to pay the balance down in order to continue with therapy.

_____ Any missed or late payments over 90 days will go into collections.

_____ A service fee of \$35 will be added for all checks returned for insufficient funds or closed accounts.

_____ Appointments must be cancelled 24 hours in advance to guarantee there will be no charge. Failure to cancel or show for appointments will result in a full charge for the session.

I have read, understand, and agree to all of the terms above.

Date: _____

Client Name: _____ Signature: _____