



Payment Policy and Financial Agreement

- Payment for services are due at the start of each session. Solutions for Mental Health, LLC accepts cash, and credit cards.
- Solutions for Mental Health, LLC is happy to process your insurance form for your reimbursement, but must be provided with appropriate proof of insurance. This is a courtesy we extend to you, but ultimately payment for all charges for care provided is your responsibility.
- Also, patients are responsible for the costs of any services that have been denied and/or rejected by their insurance company.
- Solutions for Mental Health, LLC reserves the right to refuse initial or continued services to patients who are unable to pay for these services, or who have delinquent accounts. If services are refused, Solutions for Mental health, LLC will provide a referral to more appropriate outside services.
- Patients who have encountered financial hardship should communicate this to their therapist in order to explore other financial/services options.
- All patients who pay out-of-pocket for services rendered, Solutions for Mental Health, LLC, in return, will issue an individual or a “super” bill itemizing services rendered and fees paid. Patients are responsible for pursuing all reimbursements from their insurance companies.
- Since psychotherapy is an “intangible service” purchased by patients, and the time/expertise provided cannot be “returned,” refunds are not issued.
- Some insurances’ plans require patients to obtain referrals and/or pre-authorizations for services provided. In such instances, the patients must notify the office within 72 hours so that they may obtain the necessary referral or pre-authorization. If we are not notified and subsequently unable to obtain pre-authorization, the patients (you) will be responsible for the bill.
- Furthermore, I (undersigned) agree that Solutions for Mental Health, LLC reserves the right to refer delinquent accounts to a collectors agency that may require patient information. Also, should the account be referred to an attorney for collection, I (undersigned) authorize the attorney to obtain my credit report, and the undersigned shall pay reasonable attorney’s fee and collection expenses.
- Solutions for Mental Health, LLC emphasizes that as a mental health provider, our relationship is with you and not with your insurance company. We cannot be responsible for any loss of benefits. It is your responsibility to know your policy.

Edith M. Barreira, LMFT
Marriage & Family Therapist



Solutions Mental Health LLC

I have read, understand, and accepted the above FINANCIAL AGREEMENT provisions, and I realize that all fees, regardless of the insurance coverage, are ultimately my responsibility.

I HEREBY AUTHORIZE THE RELEASE of any information necessary to process the direct payment.

Patient's/Guarantor's Name & Signature

Date