

New Image Wellness
1001 Lincoln Drive West Suite B
Marlton, NJ 08053
Phone: (856) 983-4940
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Consent to Treatment and Financial Responsibility Policy

Please Read Carefully and Take Notice to Areas in Bold.

Financial Agreement:

Your treatment is very important to New Image Wellness. You are encouraged to make ALL appointments to receive the best care possible. Just like it is necessary to take medications daily, like so, it is necessary to keep all scheduled appointments. Missed appointments result in lapses of progress and often regression in treatment. It is understandable that emergencies or other urgent needs will arise that would interfere with making appointments. Therefore, it is necessary to reschedule as soon as possible to resume your plan schedule. You are leasing a time slot that is secured when you book your appointment. Please respect your leased time!

Please take note of two time frames:

- 1) If you reschedule at least one week in advance, then you are permitting staff to properly reuse your time, then no cancellation fee will be charged. You should quickly reschedule your appointment at that time to resume your schedule.
- 2) If you seek to reschedule less than one week of your appointment time, then it is necessary to arrange an appointment within one week of your appointment time. **Please give at least 24-48 hour notice of cancellation. If no time is available within that week, then you will be charged for your missed time that week.**

After three consecutive No-Show or cancellations, it is imperative to discuss with your provider the nature of the pattern of your actions and status of your future care at New Image Wellness. If no response to three consecutive no-shows or cancellations, your case will be closed and you will be supported in continuation of your care with another provider.

Agreement:

I agree that in consideration of New Image Wellness healthcare services, I agree to pay the account of New Image Wellness in accordance with regular rates and terms of New Image Wellness upon receipt of the bill. I hereby agree to the following fees for service according to New Image Wellness Fee sheets. All cancellation fees are the same amount of your fee schedule. I agree that if my checks, or checks made on my behalf, are returned for insufficient funds, I am responsible for a **\$25 processing charge** or reimbursable to the amount required to recover payment.

In the event that New Image Wellness does not receive timely payment for the service rendered to me as required herein, I shall be obligated to pay reasonable legal fees, preparation of forms and/or reports, and collection expenses incurred by New Image Wellness in pursuing the claim (debt) if not remitted in full balance as of **90 days from original service**. I understand that New Image Wellness will take all necessary steps to collect the payment, including but not limited to, the use of outside services, such as collection agencies, attorneys, etc.

New Appointments:

Fee for service:

All initial appointments have a required deposit of the initial standard fee to secure scheduled time if you are paying fee for service. We accept cash, check, bank transfer, and credit card. If you are paying credit card, then you are subject to a transaction fee of 2.4% plus 0.25 cents if in person and your card is scanned or 2.85% if manually entered.

Initial Evaluation: _____

Ongoing Evaluation: Medical Evaluation _____ Psychotherapy _____

Insurance:

If you are using insurance that we accept, then you are required to show up to your initial appointment or be subject to a new appointment cancellation fee that of standard cost of a new appointment visit payable to your credit card or debit card that is required on your profile in order to book your appointment. In the event your insurance does not cover the fee for service provided, then you are responsible for the remaining balance. You also agree that you are responsible for copayment, coinsurance, or deductible at the time of visit. Late charges will be applied to missed appointment fees not paid within **30 days of the billing date** at a **rate of \$25 a week billable to your charge card.**

- Magellan
- Horizon Blue Cross
- United Behavior Health
- Cigna
- Aetna

You are also responsible at the time service is rendered for miscellaneous fees for clerical services such as letters, reports, and phone calls beyond **5 minutes** for clinical services with the physician, etc. **Any service not payable by your third party response will be your responsibility.**

Telephone Calls:

5-minutes maximum for concerns in between session to addressed urgent matters that can't wait till next visit. Starting at 6 minutes, there will be a telephone charge.

1. 06-10 minutes of medical discussion \$35
2. 11-20 minutes of medical discussion \$70
3. 21-30 minutes of medical discussion \$110

Signature: _____ Date: _____ Time: _____

Witness Signature: _____ Date: _____ Time: _____

Signature, Guarantor of Payment: _____ Date: _____ Time: _____

Signature, Responsible Party: Relationship: _____ Date: _____ Time: _____