Floyd Covey, D.D.; Th. D.; Ph. D.; C. Carm. of C.T.P.; O.SS.T.
Bishop / Priest / Psychologist / Monk
Counseling from a Christian View
Soul Care and Wisdom Guidance

FINANCIAL AGREEMENT

All services rendered in our office are the financial responsibility of the patient and/or guardian, not the insurance company. Patients or guardians are requested to pay the charges at the time of treatment, unless prior arrangements have been made in writing.

As a courtesy, Dr. Covey will file claims with the insurance company and/or health care plan for the services which are provided to the patient. However, this does not release the patient and/or guardian of the responsibility to pay the charges for services rendered.

If the insurance company and/or health care plan deny payment or in any other way do not cover the charges for services rendered, the charges are still the responsibility of the patient and or guardian.

I understand that securing benefits under my insurance company or health care plan will require that Dr. Covey provide my confidential information to the insurance company or health care plan. Sometimes, the company or plan may require the release of extensive information in order to consider payment of the claim.

I, _____, agree to assume responsibility for 30% Collection fees and 30% Attorney fees, which may be incurred in collecting payments on this account. If collection procedures become necessary to recover fees owed on this account, I hereby give permission to Floyd Covey, Th.D., Ph.D. and his administrative staff to release any of my protected health information which may be appropriate to the collection of fees owed to Floyd Covey, Th. D., Ph. D. and/or his collection attorney and/or agency.

CHARGES FOR CORRESPONDENCE, BILLING FEES, NS/LC AND COPIES

Letters to other professionals (physicians, psychiatrists, attorneys, etc.):	$ 33.00 per page
Copies:	$ 2.00 per page
Psychological Reports:	$ 45.00 per page
Report on Bariatric, Pain, etc.	$ 45.00 per page with minimum charge of $100.00
Reports to Insurance Companies starting at	$ 45.00 & up depending on length
Billing Fees:	$ 10.00 per bill sent.
No Show/Late Cancellation of Appointment:	$ 85.00
Return to Work Forms:	$ 45.00 per page

Name of Patient_____

Signature of Patient:_____ **Date:**_____

Name of Guardian (If Patient is a Minor): _____

Relationship of Guardian to Patient: _____

Signature of Guardian: _____ **Date**: _____

(rev. 2023)