

1. Dr. King does not want financial concerns to impact clinical services. Please make her aware if you are experiencing financial difficulties. She will try to help you identify affordable options.
2. The financially responsible party is the patient or, if the patient is a minor, the financially responsible party must be a parent or guardian who has legal custody/guardianship and who has authorized treatment. This is the case even if another person is the subscriber on the medical insurance or is legally responsible for medical costs.
3. Not all insurance plans cover all procedures and disorders. Dr. King will do her best to alert you if she suspects a diagnosis or procedure may not be covered by your insurance. However, you are responsible for all costs not covered by your insurance.
4. Fees are \$180 for the first appointment and \$120 for subsequent appointments. Most insurance companies with whom Dr. King contracts will pay part of an “allowable” amount, so the fee she charges is often reduced. The allowable amount may not be known until the insurance company processes claims. However, you can discover in advance the portion for which you are responsible, i.e., your co-payment. See the *Insurance Information* document on the Intake page.
5. Dr. King’s billing service is Mental Health Management, Inc. They will bill your insurance company and send you a statement if you have a balance due. You can contact them at 801-562-4484 or P.O. Box 712260, Salt Lake City, UT 84171.
6. Co-payments are due at the time of service. Please give your payment directly to Dr. King at the time of your appointment. If you need to mail a check or money order to Dr. King, use her mailing address, P.O. Box 102, Willard, UT 84340. If you wish to use a credit card or flexible spending account card, you may do this online at www.mentalhealthmanagement.net. Select Bill Pay.
7. There will be a \$20.00 charge, or the maximum allowed under Utah law, for returned checks.
8. **If you do not keep a scheduled appointment, you will be charged \$80.00 unless the appointment is canceled 24 hours in advance.** Exceptions may be made for the first cancellation due to sudden illness, emergency, or unavoidable delay.
9. If you are late to an appointment but arrive in enough time to spend at least 20 minutes with Dr. King, your insurance company will be billed for a 20-30 minute session and you will be charged for the difference between the time that was reserved for you and the time that was spent and billed to insurance.

Place your initials here to indicate you read this page: _____

Cher L. King, Ph.D.
Licensed Psychologist

10. Terms: Net 30 days. Interest at the rate of 1.5% per month (18% per annum) will be charged on all past due balances. In the event the account is delinquent and satisfactory arrangements have not been made for payment, the undersigned agrees to pay all legal fees, attorney fees, court costs, including charges and collection agency fees of up to 35% of the principal balance assigned, with or without suit.

Your signature below indicates you have read this document and understood and agreed to the terms. If the patient is a minor, your signature indicates you have legal custody and the child resides with you at least part time.

Printed name of patient

Date of Birth

Printed name of financially responsible party, if not the patient

Signature of patient or financially responsible party

Date Signed

Social Security Number

Employer