

**Gilead Community Services  
Middletown Outpatient Clinic  
FINANCIAL POLICY**

Thank you for choosing Gilead Community Services, Inc. Middletown Outpatient Clinic Services, Inc. as your mental health provider. We are committed to your behavioral health care. **Please understand that maintaining good financial standing with the agency is an integral part of your treatment as services may be interrupted should you be in arrears.** The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

**Our published rates are as follows:**

Initial Evaluation w/Therapist.....	\$ 150.00
Therapy (30 minutes).....	\$ 75.00
Therapy (45 minutes).....	\$ 90.00
Therapy (60 minutes).....	\$ 115.00
Group Therapy.....	\$ 35.00
Medication management with Psychiatrist (20-30 min).....(Prices range depending on complexity of appointment)	

**Payment is expected in full upon checking in at the front desk for your appointment.** For your convenience, we accept cash, checks, Visa, Mastercard, and Discovery cards. Should you fall behind two co-pays, additional appointments may not be rescheduled until your balance has been paid.

Thanks to a grant from United Way, Gilead offers a sliding scale for those who are unable to obtain insurance or otherwise pay for services. Please speak to an administrator should you need this assistance.

**REGARDING INSURANCE**

We will be happy to bill your insurance company as long you have provided us with up to date insurance information. **It is critical that you keep us informed of any changes that may occur in your insurance,** as some companies require pre-authorization for services and will not pay without this in place in advance of services. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

For plans in which your clinician is a participating, in-network provider, we have agreed to accept discounted rates. This leaves you responsible for only your co-payment or co-insurance and, if applicable, the balance of any unmet deductibles.

**MISSED APPOINTMENTS**

Unless cancelled at least twenty-four hours in advance, you may be charged \$50.00 for a missed appointment. You should be aware that insurance will not pay this fee, making it an out-of pocket expense. Additionally, we ask that payment for any missed appointments or untimely cancellations be made in advance of any subsequent visits. Non-payment of these charges may result in a break in service delivery. If you miss too many appointments in one calendar year without notice of cancellation, we may terminate your services.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. Please sign below acknowledging that you have read and agree to the Financial Policy.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date