



Thomas B. Allen, II, Ph.D., Director
Brian D. Fay, LCSW
Christine Migdole, LCSW
Suzanne D. Pascoe, LPC
Nancy C. Lucas, LCSW
Loren B. Sterman, LCSW
Mari-Jo MacInnis, LMFT
Christie M. Hunnicutt, LCSW
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Susan A. Scott, LMFT
Lauren J. Janush, PMH, APRN-BC
Lisa Donovan, M.D.
James Archambeault, LADC
Ellen H. Pfarr, LCSW
Colleen Shat, Ph.D.
Tracy A. Shiring, M.S. ED
Tori Piraino, LMSW
Lucy Solari, LMFT

URGENT CARE POLICY

Patients that are in need of urgent care are advised to

Call 211 for Crisis Services.

In the event of a life threatening emergency,

Patients are advised to call 911

or go to the nearest hospital.

251 Westbrook Rd., Essex, CT 06426 Phone: 860-767-1277 FAX: 860-767-7712
314 Flanders Rd. Suite 2B, East Lyme, CT 06333 FAX: 860-691-1546
388 East Main St., Suite 11 L, Branford, CT 06405 FAX: 203-208-0045
152 Broad St., Guilford, CT 06437
www.pathwaysessex.com



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SUMMARY OF PAYMENT TERMS

(Patient / Guardian copy - please see reverse side)

FINANCIAL POLICY

We will bill your insurance provider when we participate in their insurance network as a courtesy to you. However, should your insurance provider refuse to pay for services rendered, it is ultimately your responsibility to cover the cost of services. We require that arrangements for payment be made at the time of each appointment. In the event that your insurance carrier requests a refund of payments made, you will be responsible for the amount of money refunded to your insurance company.

If any payment is made directly to you for services billed by us, you recognize an obligation to promptly remit that amount to *PATHWAYS*.

I understand and agree that if I fail to make any of the payments for which I am responsible within 90 days, my account will be charged an additional 1.25% interest fee. Not to exceed 15% annually. If my account becomes delinquent and is sent to a collection agency, I may be responsible for additional fees incurred in the collection process.

PAYMENT IS DUE WHEN SERVICES ARE RENDERED: co pays, co insurance, deductibles, or self pay balances.

Forms of payment: Cash, Checks, Debit Cards or Credit Cards - Visa, MasterCard & Discover.
Checks should be made payable to: *PATHWAYS*

**Upon request, one statement per patient will be provided at the end of the month. This statement will be provided to the responsible party of said patient. Additional copies needed for other responsible parties should be provided by you.*

NO SHOW / LATE CANCELLATION POLICY:

The Clinical Staff at *PATHWAYS* requests that you give at least 24 hours notice if you will not be able to make a scheduled appointment. If a Monday appointment needs to be cancelled a call must be received on Friday by 3pm. With sufficient notice we can usually offer your appointment time to another patient and fill that slot.

Please be aware that if we **do not receive at least 24 hours notice** you will be charged a fee of **\$75.00**. Due to a variety of extenuating reasons; which may include but are not limited to: illness and car trouble, and in order to be fair to all patients, there can be no exceptions to this policy. We also understand that repeated no shows may indicate that someone is not yet ready to commit to treatment at this time. This should be discussed with your therapist so that appropriate planning can take place.

****Please contact your Therapist directly regarding cancellations or appointment changes.**

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