

# **FAMILY COUNSELING CENTER**

102 Marty Drive  
Buffalo, MN 55313  
(763) 682-5420  
Fax: (763) 682-5803  
[www.fccmn.com](http://www.fccmn.com)

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## **OUR CREDIT POLICY:**

Our primary concern is your welfare and providing you with the highest quality service. However, the financial aspect of your care is also important.

## **CASH CLIENTS:**

If paying cash for your services instead of utilizing insurance you will need to pay at time of service.

## **COPAYMENTS, COINSURANCE, AND DEDUCTIBLES**

When using your insurance benefits all copayments, coinsurance, and deductibles are due at time of service. We will bill your insurance for you but a fair estimate of what you will owe, after your insurance processes, will be due at time of service.

Please remember we can not guarantee that insurance will cover your care. Most insurances do and we are providers for many of them. However, if for some reason your care is not covered under your policy you will be responsible for the non-covered amount. It is always good to check with your insurance company prior to attending your first appointment.

Please keep us up to date on new or changing insurance information. You could end up with the cost of your care if we do not have current insurance information.

## **CANCELLED APPOINTMENTS:**

We ask that you keep all scheduled appointments. We understand that emergencies do arise with that in mind we ask that you call at a minimum of 24 hours if you need to cancel an appointment. No show or late cancel (less than 24 hours) will be subject to a \$50 cancel fee. If you have Medical Assistance or any prepaid Medical Assistance insurance plans in lieu of being charged you will be allowed 3 no show/late cancels, following that you may be referred to another facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_