*Jennifer M. Shuart, LICSW, PMHNP-BC, APRN*

*Stepping Stones to Well Being, LLC*

**Financial Responsibility Policy**

1. I understand that Jennifer M. Shuart/Stepping Stones to Well Being, LLC does not balance bill for fees.
2. I understand that it is my responsibility to provide Stepping Stones to Well-Being, LLC with accurate and up-to-date information related to any changes in my insurance coverage as soon as it is known to me or at the time of my next visit.
3. I understand that any co-pays for visits are due at the time of the appointment.
4. I understand that if an appointment is missed or not canceled within 24 hours, a missed visit fee of $50.00 will be charged.
5. I understand the missed appointment fee of $50.00 must be paid before a new appointment can be scheduled.
6. Co-payments and appointment fees can be paid through Credit/Debit, Health Care Savings account, Check, Cash, or PayPal to: *info@stepping-stones-2-wellbeing.com*
7. I authorize my insurance plan to pay benefits directly to Stepping Stones to Well-Being, LLC.
8. I authorize Stepping Stones to Well-Being, LLC to release pertinent information related to my treatment to my insurance company when requested, or to facilitate payment of benefits.