

**LAURA THOMAS, Ph.D.  
FINANCIAL POLICIES**

**Please initial following each statement to authorize.**

Dr. Thomas may accept assignment of insurance benefits, however your initials are needed after the following statements to acknowledge that you understand and accept these terms:

Insurance is a contract between the patient or guarantor and the insurance company and Dr. Thomas only bills insurance as a courtesy to the patient. I understand that I am financially responsible to Dr. Thomas for services rendered.

\_\_\_\_\_  
**Initial here**

I fully understand that Dr. Thomas may not accept my insurance fees as payment in full. This would lead to my receiving a bill for deductibles, co-payments, co-insurance and non-covered items. I agree to pay for any such balance.

\_\_\_\_\_  
**Initial here**

I understand that it is my responsibility to obtain all necessary authorizations and referrals as required by my insurance company. In the event that services are rendered and later denied by my insurance company(s) for lack of referral/pre-authorization, I understand that it will be my responsibility to pay Dr. Thomas for services rendered.

\_\_\_\_\_  
**Initial here**

Unless appointments are canceled at least 24 hours in advance, the policy is to charge for missed appointments. This charge is not covered by insurance and is your responsibility to pay

\_\_\_\_\_  
**Initial here**

Service charges for outstanding balances are 18% per annum. In any legal action to collect sums owing under this agreement, the prevailing party shall have the right to recover its costs and reasonable attorney's fees incurred in any action.

\_\_\_\_\_  
**Initial here**

There are several billing or CPT codes utilized by Dr. Thomas for billing purposes. These include the following: 90791 for \$250.00; 90837 at \$250.00; 90834 at \$200.00; 90847 at \$250.00; and other less commonly used codes as applicable. Your insurance company may cover some of the codes billed by Dr. Thomas and not cover others. Please feel free to inquire about the different codes, practices, and rates on these and other services.

**ASSIGNMENT OF BENEFITS**

I have read the Financial Policy. I understand and agree to this policy.  
I hereby authorize my insurance company to pay all benefits directly to:  
Laura Thomas, Ph.D.;

100 E. Thousand Oaks Blvd., Ste 225; Thousand Oaks, CA 91360

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian, if patient is a minor

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