



Payment and Cancellation Contract

Payment Methods

There are a number of different ways that therapy can be funded. The main options are self-funding, having fees paid by private health insurers, or by other sources (e.g. relatives or employers).

Uninsured, self-funded clients

If you are paying for yourself or a loved one we will agree fees before treatment begins. You may pay for your session by completing a bank transfer on the day of your appointment. Please make payment to:

Dr Emma Rowley

Account Number: 55952308

Sort Code: 04-00-03

Remittance advice will be sent by email monthly, detailing payments received.

I do not accept credit card payments.

Private health insurance members

If you have private health insurance, please contact your insurer to check that your cover is adequate, and that the therapy we have agreed will be covered by your insurance. You may also wish to clarify whether there is an excess or a maximum limit on the amount you can claim. Your health insurance provider will give you a pre-authorization number for your sessions, which will be requested in advance of your initial session.

I am a recognised provider of psychology services for a number of health insurance companies including AXA, Aetna, Aviva, Bupa, Cigna, Exeter, Healix, Vitality Health and WPA. Some insurers may require that you are referred by your GP or a Consultant Psychiatrist before you can start psychological therapy.

Payment shortfalls from private insurers

Sometimes people have a limited number of sessions for which they are covered by private insurers, and they then wish to make up the difference by paying for any remaining sessions themselves. Sessions covered by health insurance providers are chargeable at a set rate, but any additional sessions are charged at my normal hourly rate (£125 per hour). By signing this contract you are agreeing to ultimate responsibility for any payments outstanding from your insurer.

Indirectly funded clients

If your fees are paid by somebody else (e.g. relatives), I require advance signed confirmation that they will be responsible for all of your fees before your first session. There is a space at the bottom of this form for them to sign should this be applicable. They may pay for your session by completing a bank transfer before your appointment. Alternatively, I can send monthly invoices. Your signature at the bottom of this form indicates that you agree to take ultimate responsibility for any payments outstanding from your alternative funding source. If an alternative source has agreed to pay for some or all of your treatment, I will require a contact name, telephone number, email and address for correspondence, all of which can be added to this form below.

When to Pay

Payment can be made either before or on the day of your scheduled session.

Cancellation or Non-Attendance

When you make an appointment, the whole session time will be reserved for you. If you need to cancel your appointment, I require at least 48 hours' notice. This is to allow me the time to offer your cancelled appointment to someone that may be waiting for an appointment. The full fee will be charged for non-attendance, or if you give less than 48 hours' notice of cancellation.

Typically, health insurance providers and other agencies do not cover fees associated with cancelled or non-attended appointments, in which case you would be charged the full session fee. Payment for cancelled appointments must be made in full before another appointment can be made.

Additional Services

Any letters, reports or formal correspondence specifically requested, outside of that offered during the normal course of therapeutic work, are chargeable at the same hourly rate of £125 per hour.

Unpaid Invoices

I charge £15 for each overdue invoice reminder, plus interest as set by the Late Payment of Commercial Debts (Interest) Act 1998. As a last resort, I may reluctantly take legal action or use debt collection services for unpaid invoices. Any future appointments which have been pre-booked may be put on hold until outstanding payments have been received.

Signature

By signing this form I am agreeing to the above.

Name:

Signature:

Date:

Indirect Funding; by signing this form I am agreeing to the above.

Name:

Relationship:

Address:

Email:

Contact number:

Date: