

# Financial Agreement and Cancellation Policy

I understand that I am financially responsible for all consultation costs. I acknowledge and agree that all payments are due at the conclusion of my lactation consultation and before my Consultant leaves my home. Cost of service will be provided in advance of payment. Payments can be made using the safe and secure, in-person, billing application. After payment is made, a superbill to provide to your insurance provider for consideration for reimbursement will be made available if Harmony Lactation does not accept your insurance. A superbill is not a guarantee for reimbursement. I, the Client, am responsible for filing for reimbursement with my insurance company.

I understand that I am fully responsible for all costs which are not covered by my health insurance provider. Superbills are a receipt of payment and can be used for an attempt of reimbursement from the Client's insurance company.

I am financially responsible for the cost of all supplies used during consult and those left with me in my home for use. My Consultant will verbally confirm with me the cost of these supplies, and their purpose, before use.

No refunds will be made on services, fees or supplies once purchased, used or provided.

There will be a \$25 cancellation fee for cancelling a scheduled consult on the day of the consult. Please give 12 hours notice if possible. Your consult takes advanced planning. Time has been reserved to prepare before your consult and after our consult as well.

There may be an additional travel charge for travel beyond 10 miles to and 10 miles from the client's home (a total of 20 miles). Additional travel fees will be disclosed before consultation.

I agree to the terms and conditions as written above. I acknowledge that delay in payment to Harmony Lactation will cause a delay in the timeliness of my care plan and coordination of care with my care team which may include, but is not limited to, my baby's Pediatrician, Primary Care Physician, ENT, Therapists, and Obstetrics.

**Client**

X

**Print name:**

**Date:**