

## Payment Policy

### 1. Private or Medicare Clients

- You will be invoiced and expected to pay on the day.
- Payment can be reimbursed onto a debit card if you have a Medicare Mental Health Plan.
- A receipt will be provided so you can claim the rebate from your private health fund (please note that you cannot claim both Medicare and Private Health rebates).

### 2. Work or Vehicle Injury Claims

- You need to have an accepted claim.
- Your invoice will be sent to your insurer (RTWSA, Comcare, self-insured employer, CTP etc).

### 3. NDIS

- We consult with plan managed and self-managed clients.
- If you are plan managed, the invoice will be sent to your plan manager and will be paid from your NDIS plan.
- If you are self-managed, you will need to pay the invoice on the day and seek reimbursement from the NDIS.

### 4. Other

- If you have been referred by a lawyer, the invoice will be sent to them for payment.
- If you have been referred for a security assessment, you will need to pay the invoice on the day if you are self-referred. If Consumer and Business Services (or another Department) has referred you for the assessment, the invoice will be sent to them – you will need to provide evidence of this when booking.

## Cancellation Policy

At Paragon PsychConnect, we understand that unexpected situations may come up, and you may need to reschedule or cancel your appointment. We try to accommodate our clients' needs while also ensuring the availability of our services to others who may be in need.

**To maintain an efficient and effective practice, we have established the following cancellation policy:**

### 1. Appointment Cancellation

- If you need to cancel or reschedule your appointment, we kindly ask for at least 24 hours' notice. This allows us to offer the appointment slot to another client in need.
- Appointments cancelled with less than 24 hours' notice will be subject to a cancellation fee of 100% of the session fee.

### 2. No-Show Policy

- If you miss your appointment without providing any notice, it is considered a no-show.
- No-shows inconvenience both our practice and other clients who may have needed the time slot.
- In the event of a no-show, a fee of 100% of the session fee, will be charged.
- **Please Note:**
- If you either miss or cancel your initial appointment on the day, we will not rebook you.
- Our experience has shown us that if people can't make their first appointment a priority, they will be poor attenders.

### 3. Late Arrival

- If you arrive late for your appointment, please note that your session will still end at the scheduled time.
- Late arrivals do not extend the session beyond its original duration.



## Payment and Cancellation Policy Form

### Cancellation Policy (continued)

#### 4. Emergency Situations

- We understand that emergencies can happen, and exceptions to this policy may be made on a case-by-case basis.
- Please notify us as soon as possible if you encounter an emergency situation that prevents you from attending your scheduled appointment.

#### 5. Payment of Cancellation and No-Show Fees

- Cancellation and no-show fees are due and payable on the day of the missed appointment.
- Failure to pay these fees will result in the inability to schedule future appointments until outstanding fees are settled.
- **Work or Vehicle Injury Claim:** This is not covered by your insurer and is payable by you.
- **Private/Medicare:** This is not covered by your Private Health Insurer or Medicare and is payable by you.
- **NDIS:** As per your service agreement.

#### 6. Communication

- If you need to cancel or reschedule an appointment, please contact us at on (08) 7095 3484 or via email.
- You can also leave a voicemail if you're unable to reach us directly.

#### 7. SMS appointment reminder

- Please ensure that you keep a record of your appointment and do not cancel only when you receive a reminder SMS or email.
- Please be aware that the SMS reminder you receive 2 days prior to your appointment is a courtesy only.

**By scheduling an appointment with Paragon PsychConnect, you acknowledge that you have read, understood, and agreed to our cancellation policy.**

Thank you for your understanding and cooperation.

Management

Paragon PsychConnect

### Client Acknowledgement

First Name \*

Last Name \*

Client or Guardian/Caregiver to Sign \*

Date \*

### Paragon PsychConnect Office Acknowledgement

Paragon PsychConnect Office Signature \*

Date \*