**Financial Policies** 

Please read the following and indicate your understanding of the financial policies by signing below. A parent or guardian must sign for a client under 18 years of age.

**Session Fee**: The initial intake session fee is $150 then $140 thereafter per **50 minute** session. Regular appointment hours are 9:00am to 4:15pm M-F. Session fees for appointments scheduled before 9:00am and after 4:15pm or weekends are $200 per **50 minute session**. Please be prepared to pay the day of service.

**Payment Methods**: Check, cash, most major credit and debit cards including insurance issued cards such as HAS or FSA cards. Your credit/debit card information will be kept securely on file.

**Insurance: We are out of network with all insurance.** As a courtesy, we can file your out of network reimbursement claim. Any allowable reimbursement will go directly to the client from the insurance company. It is the client's responsibility to follow up on any claims.

**Late Cancellations and Missed Appointments**: Please keep track of your appointments. We have a 24 hour advance notice cancellation policy for appointments on Tuesday -Friday and a **72 hour** advanced notice cancellation policy for Monday appointments. If you miss or cancel your appointment inside the 24 or 72 hour window, other than due to bad weather there is a charge of the full session rate which you agree to have charged to your credit or debit card on file. Your insurance will not cover this cost. Reminder texts are often sent as a courtesy but if you did not receive a reminder and you do not show for your appointment it will be considered a late cancellation.

Account Balances: For those that a single case financial agreement has been made or for those that are carrying a balance for any reason; balances over 45 days old will be charged to your credit or debit card on file. Balances 90 days old or more will be sent to collections. If you have been approved for a monthly payment plan or a single case financial agreement, you will in addition have a required co-pay due at each session of 20 percent of your approved session fee- with a minimum co-pay of $10.00. To schedule future visits, balances must remain under $500.

**Phone Calls and Emails**: Please give up to two (2) days to answer emails. Phone calls and emails to or from you or on your behalf with a therapist over 15 minutes long may be charged to you and prorated based on session rate.

Reports and Court: If you request a report, there will be a charge of the report depending on the length. There is a separate fee schedule for testifying in court or for depositions.

Credit/Debit Card Information: It is required to keep a charge card on file to be charged each session if session times are before or after front office hours (M-Th 9:00-4:30; F-9:00-12pm) and to cover missed appointments and late cancellations.

Please circle one: Visa Mastercard Discover American Express

Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CHECK ONE OPTION BELOW**:

* I agree to keep the above card on file to be charged for each session on the day of service.
* I agree to have my card on file to be charged the day of session if I do not provide a different means of payment at the time of session. I agree to have my card on file charged for any balance on my account that is 45 days past due.

If I/we are using insurance, I/we authorize our therapist to release information required by our insurance company in order to process my/claims.

My signature below indicates that I understand and agree with these financial policies.

Signature of Client / Parent /Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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