



## 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 who is under 18 years of age.

**Session Fee:** The initial intake session fee is \$150 for 90 minutes (children and adolescent) or \$120 for 60 minutes (adult/couple), then \$120 thereafter per session.

**Payment Methods:** Major credit/debit cards are preferred, but we do accept payment in the form of cash or personal check. Payment is due at the time of service. We require credit/debit card information, and will be kept securely on file.

**Insurance:** We are out of network non-participating providers on all insurance. We will file your claim if you have insurance. Any allowable reimbursement will go directly to you, the client, from your insurance company. It is your responsibility to follow up on any claims.

**Late Cancellations and Missed Appointments:** We offer reminder calls as a courtesy, however we request you please keep track of your appointments. We have a 24 hour in advance notice policy if you intend on cancelling your appointment. If you intentionally miss or cancel your appointment, other than due to inclement weather or illness, there is a charge of the full session rate of the original session fee, which you agree to have charged to your credit or debit card on file. Your insurance will not cover this cost.

**Reports and Court:** If you request a report, there will be a charge for 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 on file.

Please circle one:    VISA    MasterCard    Discover

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

Exp. Date: \_\_\_\_\_ CVV code (3-digit): \_\_\_\_\_

### **PLEASE CHECK ONE OPTION BELOW:**

- I would like the above card to be kept on file and charged for each session at the time of service.
- I would like to keep above card on file but **do not** charge for each session. I agree to pay another way at time of session. I agree to have my card charged for any balance on my account that is 30 days past due.
  - If I/we elect to use insurance, I/we authorize our therapist to release information required by our insurance company in order to process your claims.

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

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