

FINANCIAL AGREEMENT

Thank you for choosing me as your therapist. I am committed to your therapy being successful. Please understand that payment of your bill is considered a part of your therapy. The following are the details of my Financial Policy for you to read and sign.

Payment is due at the start of each service, unless arranged otherwise. Cash or check is acceptable forms of payment. If payment is not made, services may be rescheduled or suspended until such time that payment is received.

Fees

The fee for a 50-minute therapy session is \$135 and a 90-minute session is \$200. Group therapy sessions will be billed dependent on the group type, duration, and length and will be discussed and agreed upon between therapist and client prior to the start of group. Other services, including but not limited to phone calls and case management, in excess of 15 minutes may be billed at a pro-rated rate in 15-minute increments.

Missed Appointments.

Four Corners Counseling policy is to charge the full fee for appointments cancelled for non-emergency reasons with less than 24 business hours notice as well as for appointments missed without notice of cancellation.

Use of Insurance

While Four Corners Counseling cannot bill directly to your insurance provider, upon request, Four Corners Counseling can provide you with the required paperwork for you to submit to your insurance provider for possible reimbursement. Four Corners Counseling cannot however guarantee reimbursement by your provider.

Fee Range Payments

Four Corners Counseling offers a limited number of fee range positions. With discussion and approval of the therapist, clients may qualify for a fee range payment based on income. Client may be required to provide proof of income in the form of written documents (i.e. tax return, pay stub) to be eligible for a fee range payment. In discussion with Four Corners Counseling, it is agreed that a fee range payment of \$_____ be made for a term of ____ months at which point the fee will be re-evaluated.

Payment for Minors

Parents/Guardians enrolling a minor in services are considered the responsible party for all payment of services.

Legal Services

If Four Corners Counseling must appear in court on your behalf, there will be a fee of \$300 per hour, while at the courthouse. Preparation for appearance and phone calls with attorneys will be charged at the hourly rate (\$300/hour), pro-rated in 15-minute increments.

By signing this document, you are agreeing to be responsible for the payment of all fees. If you have questions or would like additional information, please feel free to ask.

Client Name

Guardian Name (if applicable)

Signature

Date

Signature

Date