

**Payment Verification Form- PLEASE PRINT**

Please present your insurance card and photo ID to your therapist

**Insurance**

Client Name: \_\_\_\_\_ DOB \_\_\_\_\_

Employed Primary Insured Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ EAP AUTH # \_\_\_\_\_

Behavioral Health Phone # (on back of card): \_\_\_\_\_

ID number: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Group Number: \_\_\_\_\_

**Receipts**

Text to Phone: \_\_\_\_\_ **Cell phone Carrier:** \_\_\_\_\_

Sent via Email: \_\_\_\_\_

**Cash Pay:**

Cash pay is accepted.

**Credit/Debit/ Health Savings Card:**

We accept: Visa, Master Card, American Express, & Discover

Card Number: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

CVV Code: \_\_\_\_\_

I authorize Holman Family Services; LLC to charge my card for each appointment scheduled. Appointments cancelled within 48hrs of the scheduled appointment will not be billed. Appointments not cancelled 48hrs **before** the scheduled appointment will incur a failure to cancel fee of \$45. You may change or cancel an appointment by phone, or text to **972-375-1200**.

Intake: \$200      Individual:\$120      Family:\$150

Home Visit: \$25 (additional)      Foster/Adoption/Court Ordered Home Study: \$1500

Insurance co-pay \_\_\_\_\_ Amount will be verified with your insurance company.

Insurance co-insurance \_\_\_\_\_ Amount will be verified with your insurance company.

**Check**

All returned checks will incur a fee of \$45

Client/ Parent/Legal Guardian Signature

Date

The First Session is named "Intake." An Intake is where the licensed therapist completes a full psycho/social evaluation, creates an individualized treatment plan, and provides a DSM diagnosis. An Intake takes roughly an hour and a half.

Each initial intake assessment session is \$200

Each individual counseling (child or adult) session is \$120

Each couple/marriage session is \$150

Each Family Session (consisting of a combination of children, adults, or multiple unrelated persons) is \$150

Travel to home/school/ court/ attorney office/ hospitals (all travel) \$25 each way; each day

#### **Home Study:**

Foster care /Adoption/ Court Ordered Home Study: \$800/per home

#### **Court Fees**

Court Ordered Anger Management Classes: \$30 per class/ per person

Court Ordered Parenting Class: \$30 per class/per person

Court Ordered Batters Intervention Prevention Program (BIPP) / Family Violence class: \$30 per class/per person

Subpoena expert testimony \$150 per hour

None Subpoenaed expert testimony \$150 per hour

Depositions \$450 per hour

#### **Late Cancellation Fees**

Intake Assessments, Family, individual, married/couples appointments cancelled within 48 hrs. will not be billed. Appointments *NOT* cancelled within 48hrs will incur a failure to cancel fee of \$45.

#### **Refund Policy**

No refunds will be given for any counseling session held.

No refunds will be given for any classes taken

No refunds will be given for CEU Certificates

No refunds will be given for any supervision (individual or group)

No refunds will be given for credit card processing fees

No refunds will be given for Xerox fees

No refunds will be given for any court ordered home study

No refunds will be given for any other type of home study

No refunds will be given for expert testimonies

No refunds will be given for depositions

No refunds will be given for any travel fees

#### **Copy Fee**

Xerox Fee: \$35

**Client/ Parent/Legal Guardian Signature**

**Date**