



## Financial Policy

*Effective September 1, 2018*

It is my desire to provide you with excellent professional counseling. My fees are set in accordance with the fair market professional psychological treatment in the Kansas City Metropolitan area. Fees are based on a 50 minute session.

**Session Fee:** The session fee is \$110.00 for a 50 minute session.

**Payment Method:** Payment is required at time of service. I accept cash, checks, credit and debit cards. A \$50.00 service charge will be applied for all returned checks. If paying by debit or credit card, you are required to provide valid card information on page 2 of this policy. A payment will be processed on the date of service and an electronic receipt will be e-mailed to you.

**On File Debit or Credit Card:** A copy of a valid, unexpired debit or credit card is required to be maintained securely on file.

**Insurance:** I do not file insurance claims. However, I would be happy to supply you with the necessary documentation for you to submit your claim to your insurance company. This includes my name, credentials, date of service, type of service, fee, and diagnosis code.

**Late Cancellations and Missed Appointments:** In the event that you are unable to keep a scheduled appointment, **24 hour notice is required**. If you miss or cancel your appointment within the 24 hour period, you will be charged half of the original session fee, which you agree to have charged to your debit or credit card on file\*. Your insurance will not cover this cost.

**Account Balances:** Generally, the client will not carry a balance. In the event a balance is due, the following applies. Balances over 45 days will be charged to your debit or credit card on file\*. Balances over 120 days will be sent to collections.

**Phone Calls:** Phone calls to or from you, or on your behalf from another health care provider over fifteen minutes may be charged to you and prorated based on the session rate.

**Reports and Court:** If I am required to provide records or testimony to the court (under court order), I reserve the right to terminate services. If, for any reason, I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$150 per hour, for time spent traveling (plus mileage and parking costs), preparing reports, testifying, being in attendance and any other case related costs. I will be paid in advance for a non-refundable 2-hour minimum (applied towards total court costs) in the event that court is canceled or rescheduled.

## Financial Policy Continued

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I have read and understand the **Financial Policy**, therefore my below signature indicates that I agree and am responsible for applicable charges.

X \_\_\_\_\_  
Signature of Client/Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Client

### Debit or Credit Card Information

Please Check One:    Visa    Mastercard    Discover    American Express

Name On Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Email Address: \_\_\_\_\_