

## **HOPE In Home Counseling**

(Honest, Open, Purposeful, Engaging)

### **FINANCIAL POLICY AND MISSED APPOINTMENT POLICY**

Welcome to HOPE In Home Counseling. Please read over the financial and missed appointment policy. If you have questions, feel free to ask me.

#### **Financial Policy**

**Fees:** The Initial session which is 90 min long is \$150. Follow up therapy session which is 60 min long is \$100.00. This payment is due at time of service.

**Methods of Payment-** HOPE In Home Counseling accepts cash, checks and credit cards at this time.

**Payment in Advance:** If it is suggested to commit to 10 sessions or more, you may pay for them in advance and receive a 20% discount. That decision must be made by the third session.

#### **Missed APPOINTMENT POLICY**

**24 hour notice is required for cancellation of an appointment.** Appointments canceled with less than 24 hour notice may be charged your full fee. Appointment missed due to inclement weather or other major problems will NOT be charged. You can call, text, or email me to cancel your appointment any time. Appointments that are a No Show will be charged 50% of regular fee. Fee must be paid before another appointment is made.

I have read and agreed to the above conditions.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Print Name\_\_\_\_\_

Therapy is the responsibility of the individual or couple. You may pay in one of three different ways.

Payment in Advance: If it suggested committing to at least 10 sessions, you may pay for them in advance and receive a 20% discount. That must be decided by third session.

\_\_\_\_ **Plan One:** I/We will pay the full session fee of \$ 100.00 at the beginning of each session.

\_\_\_\_ **Plan Two:** I/We will pay for the first \_\_\_\_ visits in advance and receive 20% discount.

\_\_\_\_ (number of visits) times \$ \_\_\_\_ per session equals \$ \_\_\_\_.

After 20% discount is applied I/We will pay a total of \$ \_\_\_\_.

I/We will pay this amount at the beginning of the program. Any future sessions can paid at the normal \$ \_\_\_\_ per session rate, or I/ we may enter into another advance payment discount plan.

\_\_\_\_ **Plan Three:** I/We elect to use a partial payment plan. I/ We will pay \$ \_\_\_\_ of each \$ \_\_\_\_

Session charge at the time of the session. The remaining \$ \_\_\_\_ per session will be put on my account and will be paid off after counseling is complete. I/We will begin to pay the remaining balance immediately after the end of the last session and will pay that remaining balance at the rate of \$ \_\_\_\_ a week until it is paid off.

I agree that I/We owe \$ \_\_\_\_ per session and I understand that I/We will continue to make those payments until the account is paid in full.

I have chosen the above option and will pay accordingly.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_