

Payment Agreement:

Following are my policies in regard to payment. Your assistance with the following is appreciated.

First, payment in full is due at the time of service. In addition to cash or check, I accept Visa, Mastercard, and Discover payments.

While I am not on most insurance panels, therapy may be covered by your insurance. Please check with your policy to determine what benefits may be covered. I am happy to provide you with a written statement of services which you may submit to your insurance company for direct reimbursement.

Finally, with regard to appointments, **it is your responsibility to keep track of your scheduled appointment times, as I do not make reminder calls.** Please be mindful that appointments are times reserved for you, and a 48-hour notice is necessary for change or cancellation in order to make the time available for others. Voice mail messaging is available for your use after hours or on weekends. Should you have a late cancellation or missed appointment, a charge will be incurred. **A missed appointment (failure to keep an appointment without notice) will result in a full session charge.** A late cancellation (notice of less than 48 hours) will result in a charge of one-half the session fee. Please note that these charges are not payable by insurance. Emergency after-hours calls or emergency room consultation will also result in a charge that may not be covered by insurance.

By following these guidelines, many potential problems can be avoided. I appreciate your understanding and thank you for taking responsibility for your health care.

I acknowledge by my signature below that I have read and will abide by this document:

Client: _____ Date: _____