

Appointment and Financial Policies

I require that you accept part of the responsibility for the success of our relationship. This includes factors related to scheduling and keeping appointments, handling financial responsibilities, and using the scheduled time appropriately.

Your time is valuable, and so is mine. We both have a goal to use our time together time wisely. I believe it is important that we both have an agreement concerning our commitment to the use and handling of this time we have together, including financial obligations.

As your therapist:

- ☐ I will be on time for all of your appointments.
- ☐ Should an emergency arise, I will notify you at least 24 hours in advance of the need to reschedule your appointment.
- ☐ If I experience a crisis for which I am unable to contact you as above (such as a car accident, or death in my family), you will be contacted as soon as possible by a member of my staff.
- ☐ I will provide a designated 45-minute period of time for your use. This will be your appointment.
- ☐ At the end of each appointment, I will confirm with you the next appointment. This will give you the opportunity to reschedule if the appointment time is not convenient for you.
- ☐ I will discuss length of treatment during our first session, so that you can know what to expect, and so that we can agree on timeframes. We can discuss this again at any point during the treatment. I may bring it up or you may ask to discuss this at any time.
- ☐ I will accept payment in cash or by check* or credit card*.

I ask that you make the following commitment (please read and check each one):

- ☐ I will keep all of my scheduled appointments.
- ☐ If I need to cancel an appointment, I will call to cancel within 24-hours of the appointment. If I do not cancel the appointment within 24 hours, I will pay a \$25.00 missed appointment fee**.
- ☐ I will be on time for all my appointments. If I am more than 15-minutes late, my appointment will automatically be cancelled and I will pay the \$25.00 missed appointment fee.
- ☐ I will pay the fees for services at the time of service. If I am using my insurance, I will pay my portion of the fees, which may be a co-pay or a percentage of the fees, or a combination, depending on my insurance plan.
- ☐ If I do not check with my insurance company prior to beginning treatment to determine what my coverage is, including the co-pay, I will pay \$10.00 at the time of service until the co-pay is determined.
- ☐ If I am using Medicaid, I will pay a \$1.00 co-pay at the time of service.
- ☐ I understand that if I do not make my co-payment, I will not be able to keep my appointment or schedule future appointments.

- ☐ I will present my insurance card to the front office at the time of service.

I have read, understand and agreed to the above Appointment and Financial Policies.

Name (signature)

Date

Psychotherapist (signature)

Date

* There is a bounced-check fee of \$25.00. If you bounce a check more than one time, I will no longer be able to accept payments from you by check. If authorization is denied to bill your credit card, you must pay the amount in cash at your next visit.

** The missed appointment fee will not be charged when there is a verifiable crisis such as a car accident or death in the family during the 24-hours prior to your appointment. Please understand that we do not consider such things as parent/teacher meetings or working late as a crisis. It is important that you call to cancel appointments within 24-hours of the scheduled time.