



## **Financial Policy**

Payment in full is due at the time of service. As a courtesy, we will file claim with your primary insurance. The client is responsible for any and all co-pays that are required as part of your insurance policy. If you are a client that is not using insurance, full amount for payment is due at the time of service unless otherwise discussed and agreed upon with your primary clinician.

## **Confirmation Policy**

In order to be considerate of all our clients' time and provide the quality care you desire, we have set forth the following policy: You will receive communication from Counseling Plus no later than **24 hours** before your appointment time. Should you miss your appointment without confirming attendance or calling to re-schedule, you will be billed for the scheduled appointment in full.

## **Cancellation Policy**

We require 24 hours notice in order to cancel an appointment without your account reflecting a charge for the visit. Any confirmed appointment that is cancelled without 24 hours' notice will incur a no-show charge.

## **Late Policy**

In the event that a client is more than 15 minutes late for a confirmed appointment, they will be charged a no-show fee and must re-schedule their appointment time. Should a client arrive less than 15 minutes late they may keep their appointment, but time will not be adjusted, and they will be billed for the hour for which they were scheduled.

**I authorize Counseling Plus to charge my preferred form of payment below for services rendered**

Name (as it appears on card): \_\_\_\_\_

Card number \_\_\_\_\_ exp. Date \_\_\_/\_\_\_ CV2 (3 digits on back of card) \_\_\_\_\_

Billing address for card: \_\_\_\_\_

Signature: \_\_\_\_\_