



Financial Agreement

Cancellation / Missed Visit Policy:

Non-emergency cancellations require 24 hours' notice. Non-emergencies include vacations, preplanned medical appointments, family events, parties, sports events, lack of babysitter or anything that is not designated as "emergency" (see below). The session must be canceled no earlier than 24 hours before the appointment. If non-emergency cancellations become excessive, the client may lose his/her weekly slot in the clinician's schedule. If the session is not canceled within 24 hours' notice the client will be assessed a \$50 fee. Failure to arrive on time for your scheduled session or not being prepared to pay the full cost of your session at the time of arrival (without prior arrangements) will also constitute a missed visit/cancellation fee. You may leave a message on company voicemail on weekends or after hours to cancel an appointment. You may also call during business hours to make cancellations or changes in scheduled visits. Please note, insurance companies do not pay for missed/cancelled appointments, clients are responsible for missed visit/cancellation fees. Emergency require notification by at least 2 hours, or as soon as it becomes known you will miss scheduled appointment. Emergency cancellations are accepted only for illness, illness of family member, or death in the family. Please do not bring children to the office with a fever, strep, unidentified rash, diarrhea, vomiting, or highly contagious illness for the safety of our clients and clinicians.

Dismissal Policy:

When you schedule an appointment with a therapist the office holds a time slot for you. Because this office holds a time for your session, you are essentially promising to fulfill that slot. We take careful attendance, if you exceed a cancellation rate of 25% you will receive a written notice your slot is in jeopardy. This policy includes emergency and non-emergency cancellations. If you plan on discontinuing services for any reason, you must give this office notice or you will be billed for the missed sessions. Should your services be discontinued, your therapist will provide you with a list of referrals.

Court Attendance, On-Call, and Communication with Attorneys / Other Professionals:

PATHLIGHT COUNSELING LLC. Bills at the rate of \$200.00 per hour for court attendance and requires credit card information to be on file. The hourly rate begins with the therapist leaves the office location and a fee for two hours will be paid prior to court attendance (\$400.00), and is non-refundable if less time is needed. If the court attendance exceeds two hours, your credit card will be billed for the remaining time. Payment is for the therapist's time and not necessarily their testimony. Therefore, the fees are expected to be paid regardless of whether the therapist testifies or not. If you request for your therapist to be on-call for court attendance, PATHLIGHT COUNSELING LLC., bills at the rate of \$60.00 per hour for on-call and requires credit card information to be on file. The hours requested for the therapist to be on call will immediately be charged to your credit card and is non-refundable.

Communication Other Professionals / Report Writing:

PATHLIGHT COUNSELING LLC. bills at the rate of \$100.00 per hour for any type of communication with attorneys / other professionals / report writing (phone calls, letter writing, email, etc). You are responsible for providing credit card information prior to any communication your therapist will have with their attorney / other outside professional. A minimum of 30 minute increments will be billed to your credit card on file and is non-refundable. Communication fees paid by check we require bank clearance before services rendered. After payment is received and processed, please allow up to 7 business days for paperwork/communication to be completed.

Records Request:

PATHLIGHT COUNSELING LLC. bills a flat rate of \$50 for records to be copied and faxed/given to the client. If records need to be mailed, an additional fee of \$10 is assessed to cover certified mail and postage. After payment is received and processed, please allow up to 7 business days for copies to be provided and/or mailed.

Payments:

PATHLIGHT COUNSELING LLC. requires payment for services at the time services are provided. PATHLIGHT COUNSELING LLC. accepts Credit Cards, Cash, and Checks and most commercial health insurance policies with out of network benefits. **There is a \$30 return check fee that must be paid in addition to services provided in the event of NSF check.** Any client who writes more than one (1) NSF check will not be allowed to pay for services with check in the future. PATHLIGHT COUNSELING LLC. reserves the right to collect unpaid balance using collection agencies if necessary.

Authorization for Credit Card Payments:

Visa, MasterCard, American Express, or Discover cards are all accepted. By completing the information below, you agree to have your credit card information stored securely by PATHLIGHT COUNSELING LLC. until your file has been closed. You also authorize your therapist or PATHLIGHT COUNSELING LLC. representative to charge your credit card for fees associated with services provided. Charges are typically made for such items as no show/late cancelation fees, co-pay and deductible payments, and copying and consulting fees.

Name as it appears on your credit card:

Card Type: Visa MasterCard American Express Discover

Card number: _____ / _____ / _____ / _____

Expiration Date: _____ / _____ CVC: _____ (3-digit code on reverse of card)

My signature below indicates that I have read, understand, and agree with the provisions of the Financial Agreement).

Signature Client / or Parent Guardian

Date

Print Name