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FINANCIAL POLICY AND MISSED APPOINTMENT POLICY

Welcome to **Counseling Services Associates**. Please read over our Financial and Missed Appointment Policy. If you have questions, feel free to ask the Counseling Services Associates staff.

FINANCIAL POLICY

Fees. Counseling sessions are 45 minutes long. The fee for a 45-minute session, either face-to-face or by phone, is [_____]. A first-time patient is charged **50% of Session Fee** by credit card to hold their appointment time. This fee is non-refundable but it is deducted from your first visit. Payment is collected at the first of the session. We also ask you to place a credit card on file for future billing.

Charges. Occasionally there are extra charges or other altered charges, but in your case the fee for a 45-minute session will be _____.

Insurance Patients. If you have health insurance, **Counseling Services Associates** will file your insurance for you. If your insurance covers a portion of your therapy, we will wait up to 90 days for your insurance to pay their portion. You will, however, be responsible for your deductible and co-pay or co-insurance. That portion of your care will be due at the time of your appointment. You will be responsible for all charges not covered by your insurance company.

Self-Pay Patients. Patients without insurance, with high deductibles, or who choose not to use their insurance are responsible for the cost of care. Payment is expected at the time of service.

Methods of Payment. **Counseling Services Associates** accepts cash, checks, and major credit cards.

Payment in Advance. If your therapist suggests more than 10 visits, you may pay for them in advance and receive a discount of 20%. Payment for multiple visits must be made by the third visit.

MISSED APPOINTMENT POLICY

Twenty-four hour notice is required for the cancellation of an appointment. Appointments canceled with less than 24 hours notice will be charged _____ or your full fee. Please remember, it is your responsibility to make and keep your appointments without a reminder call. Appointments missed because of inclement weather will not be charged. The charge will be applied to your credit card on file.

I have read and agree to the above conditions.

Name _____ Date _____