



Financial Contract

Counseling services are offered on a fee-for-service basis. For individual or couple sessions the fee is set at \$100/clinical hour (50 minutes). Telephone contacts over fifteen minutes are pro-rated; this includes time spent talking with other professionals such as other therapists, physicians, or special advocates. Report and letter writing are charged at \$100/hour with a 30 days' notice, \$125/hour without 30 days notice. It is expected that payment will occur at the time of service unless other arrangements have been made. Financial problems/concerns are to be addressed in therapy. There will be a 25% interest per month for accounts 30 days past due. Services may be suspended for an outstanding bill or for accounts 90 days past due.

Accepted forms of payment are cash or check. Please make all checks payable to Side By Side Counseling LLC.

CANCELTION POLICY: In an effort to accommodate as many clients as possible during the limited time available during a given week, it is necessary to have a cancelation policy that is fair and reasonable for all concerned. It is in the spirit of showing respect for each other that the following policy was created. To avoid being charged the full price of your scheduled session(s), cancelations must be made two business days in advance, i.e., Friday appointments must be canceled by Wednesday; Thursday appointments must be canceled by Tuesday, and Wednesday appointments must be canceled by Monday. In the case of Monday and Tuesday appointments, to avoid being charged cancelations must be made by the previous Friday. By providing two business days of notice you are also helping people on the wait list have sufficient time to respond to new appointment opportunities. There is no charge in the case of illness, injury, extreme weather, or family emergency. For scheduled sessions, if you have not arrived within fifteen minutes of the scheduled appointment and there has been no ability to connect with an outreach attempt, the session will be treated as a cancellation without twenty four hour notification.

For each instance a check is returned, there will be a \$20.00 penalty fee, and the client may be expected to pay by money order or cash after that point.

Please note that although I am not working with your health insurance, some coverage plans reimburse a percentage of services for out-of-network providers. At your request, I will provide you with a receipt necessary for you to file a claim, without charge. However, further documentation and reimbursement payments are the responsibility of the client and insurance company.

By signing this contract, I acknowledge my understanding and agree to the terms discussed above. This contract expires in one year. After the anniversary date, a new contract will be required.

Client Signature

Date

_____ (*initial*) Acknowledgment that the content of this form was verbally reviewed in session.