

FINANCIAL, APPOINTMENTS, AND CREDIT CARD AGREEMENT

FINANCIAL AGREEMENT

The responsible party is the person who is ultimately responsible for payment for psychotherapy services. By signing this agreement, you are indicating that you are the responsible party and that you agree with the following:

- Payment for services is expected at the time of your visit.
- Appointments must be canceled at least 48 hours in advance to avoid incurring a charge. The 48 hours are within business hours and do not include weekends or holidays.
- The fee for a late cancellation or failed appointment is equal to the charge for a full session.
- There will be a \$25 service fee on all returned checks.
- You are responsible for any charges incurred if legal or collection services are required or delinquent accounts.
- Services such as letters written on behalf of clients, written reports or assessments, appearance at meetings with schools or social workers are subject to a fee based on the time involved.
- I am what is referred to as an “Out of Network Provider.” I do not bill your insurance company and payment is due at each session. I will provide a “Super-bill” if you are eligible for reimbursement from your insurance company. Services may be covered in full or in part by your health insurance company or employee benefit plan.

CANCELLATIONS AND MISSED APPOINTMENTS

APPOINTMENTS

The length of a usual appointment is 50 minutes, except for the initial session, which may take up to an hour. Appointments are usually scheduled weekly and on a regular basis until you have accomplished the majority of your goals and other arrangements are made.

CANCELLATIONS AND MISSED APPOINTMENTS

A credit card number will be taken at the onset of your counseling. Appointments must be canceled at least 48 hours in advance to avoid incurring a charge. The 48 hours are within business hours and do not include weekends or holidays. Late cancellations or not showing up on the day of a scheduled appointment will be charged at the regular hourly fee to your credit card. If you have a true emergency, your credit card will not be charged.

CREDIT CARD AGREEMENT

Please note: new clients are required to keep a valid credit card number on file. Please complete following and provide your credit card information to me at your initial session.

Credit card type: MC Visa Amex Other _____
Name as shown on card _____
Credit card number _____
3-digit security code on back of the card _____
Billing zipcode associated with the card _____
Expiration date _____

This card may be charged for:

- _____ Regular session fees (at your request, as a convenience to you)
- _____ Fees for cancellation without 48 hours notices (according to policy)
- _____ Fees for missed appointments (according to policy)
- _____ Delinquent session fees (fees more than 30 days overdue)

Agreement:

"I, _____ (print name), have read and understand the terms of providing my credit card information to Kimberly Greene, MA, LMFT. I understand that my credit card may be charged for the reasons indicated above. Any questions I have about this practice have been answered."

I am the responsible party for psychotherapy services or acknowledge and consent to this financial agreement.

_____ Date _____
Responsible Party Signature

_____ Date _____
Kimberly Greene, MA, LMFT