Embrace Life Counseling, LLC Financial Policy and Missed Appointment Policy

2024 Financial Policy and Missed Appointment Policy

Client

Please read this policy in full. If you have any questions please feel free to ask me.

Fees. Court testimony/reports are not free, and are explained in the informed consent form that you have signed. Counseling sessions are 50-55 minutes long. If you are a private insurance/private pay client, I will verify your benefits for you but you are ultimately responsible for your co-pay and deductible or co-insurance and the fees for counseling if your insurance does not pay the claim to Embrace Life Counseling, LLC. I will make every attempt to submit your claims in a timely manner. You are still responsible for the cost of your services. If at any time, a claim is denied I will notify your insurance company for resolution, and if no resolution can be found, you will be charged for the session fee listed below. You may place a credit card on file with me for future billing for services. Payment will be collected at the initial intake session. If your insurance does not pay the claim that has been submitted, you are still responsible for the payment of services and this will be sent to collections after several attempts of collecting payment. You will be notified first if this is the issue. There is also a returned check fee of \$50.00 if your check is returned by the bank for non-payment.

returned check fee of \$50.00 if your check is retu		
I also may have discounted/low cost master lever sessions with you for \$10.00. Please initial here is	el interns available that	I supervise that can do
Also, under same confidentiality and access to the	-	
your treatment). We staff these cases weekly so	I will still be able to kno	ow how your
treatment/progress is going. They can do telehe	alth or in office.	
Initial for intern contact:		
Good Faith Estimate for Cash Pay/Private Pay Opt receive this estimate showing how much your me care providers need to give patients who don't hat estimate of the bill for medical items and services challenging to provide an estimate of how long it treatment, and much depends on the individual care satisfied with a reduction in symptoms while do so. Others begin to schedule less frequently are issues arise. Ultimately, as the client, it is your determined the same rule applies for court testimony/reports Please note this is the fee for your services. Private Pay/Insurance: \$	tions: \$100 per Session (edical/counseling care wi ave insurance or who are s. There are a number of will take for a client to c client and their goals in so others continue to longe and may continue to come cision when to stop ther	ill cost. Under the law, health e not using insurance an factors that make it complete therapeutic eeking therapy. Some clients er because it feels beneficial to e in for "tune ups" or when
Methods of Payment are: Cash, Credit Card, Check Missed Appointment Policy:	k made payable to Embr	ace Life Counseling, LLC.
Twenty-Four Hour notice is needed to be give	en for the cancellation	n of an appointment, if not
received within 24 hours then a fee of \$50 w	ill apply and be charg	ed to the card on file. If you
do not have a card then you will need to pay	the fee or it will be a	dded to your account. It wil
be at my discretion if I decide to waive this fo		
collection practices using local agencies to se		
read and agree to the above policy by your s		
	3	, , , , , , , , , , , , , , , , , , , ,
Credit/Debit Card Number:	Expiration	CVV# on back
Credit Card Billing Address:	City, State	Zip

Date_____