

Julia Spain, MC, LPC
Licensed Professional Counselor

1425 W. Elliot Road, Suite 201 * Gilbert, AZ 85233 * (602) 697-1023
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I. Information Pertaining to Person Financially Responsible

Client Name: _____ DOB: _____ SSN: _____

Person financially responsible

- Same as above (skip to Part II)
- I am financially responsible for the above named client. *(Please complete the following):*

Name: _____ DOB: _____ SSN: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Present employer: _____

Employer's address: _____

II. Office Policy and Financial Responsibility Statement

I understand:

- Initial intake session fee for service is \$125.00 and is 50 minutes long. Additional sessions are \$85.00 (individual, couple, family) and are 50 minutes long; longer or shorter sessions will be billed in 15 minute increments.
- Other professional services (e.g. telephone or e-mail sessions or coaching sessions lasting longer than 10 minutes, report writing, coordination with other professionals, preparation of records or treatment summaries) will be billed at \$100/hr. in 15 minute increments. Legal services (e.g. court appearances) and associated travel time will be billed at \$100/hr. Julia Spain reserves the right to change her fees with 30 days verbal notice.
- Insurance: Julia Spain is a participating provider for Cigna, United, Blue Cross Blue Shield, Biodyne, Magellan, Aetna, Holman Group, Tri Care, Contact, MHN, Humana, Life Sync, and APS. If I am using one of these insurance plans to pay for treatment, I understand that the terms that govern the plan will apply. If I am using another insurance program, Julia will provide me with a HICFA (billing form) that I can submit to my insurance company for reimbursement. In any case, I understand that payment for services is ultimately my responsibility and not that of the insurance company.
- Payment is due at the end of each session. I may pay by cash or check (sorry, no credit cards). Returned checks will be assessed a processing fee of \$15.00.
- I will be charged \$55 for missed appointments without a 24-hour notice. A pattern of canceled or missed sessions may be indicative of problems in commitment to therapy and will be addressed in session. Missing or canceling three sessions within a 90 day period may result in termination of services. Late arrivals will end on time.
- Julia Spain's office line is NOT an emergency number. In the event of a psychological emergency, I may call the **Crisis line at (602) 222-9444**. In the event of a medical emergency, I should call **911** or to go to the closest emergency room. Otherwise I may leave a message and Julia will get back to me as soon as possible. I understand that this may take 24 - 48 hours.
- I am financially responsible for any and all charges incurred for the treatment of the above-named client. I understand that I am held liable for any balance due on this account and that this balance will be due and payable on demand. I further understand that overdue accounts, with my name on them, may be submitted to a collection agency.

I have read and understand the above office policy regarding length of sessions, late arrivals, charges, returned checks, etc. **I agree to the stated terms.**

Signature of Client (and Person Financially Responsible)

Date

Julia Spain, M.C., L.P.C.