Gilbert Counselors, LLC

Professional Counseling Services

1425 W. Elliot Rd, Suite 201 * Gilbert, AZ 85233 *
gilbertcounselors.com

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: _____

Phone: _____

Present employer and address: _____

II. Office Policy and Financial Responsibility Statement

I understand:

- Initial intake session fee for service is $50.00 and is 50 minutes long. Additional sessions are $50.00 (individual, couple, family) and are 45 minutes long; longer or shorter sessions will be billed in 15 minute increments.
- By agreeing to the private pay rate, you are consenting to opt out of any insurance claim submission or reimbursement from insurance at this time and in the future. Once a session is paid at the private pay rate, Gilbert Counselors, LLC will not submit a claim to insurance.
- 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 the same rate in 15 minute increments. Legal services (e.g. court appearances) and associated travel time will be billed at the same rate in 15 minute increments. Gilbert Counselors, LLC reserves the right to change fees within 30 days verbal notice.
- Insurance: We do not bill insurance for this therapist.
  We do accept payment with some HSA cards.
- Payment is due at the beginning of each session. I may pay by cash, check, or credit card. Returned checks will be assessed a processing fee of $35.00.
- I will be charged $50.00 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.
- The office line of Gilbert Counselors, LLC as well as my therapists' individual phone number 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 go to the closest emergency room. Otherwise I may leave a message and the office manager or my therapist 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