

Gilbert Counselors, LLC

Professional Counseling Services

1425 W. Elliot Road, 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: _____ Email: _____

Present employer and address: _____

II. Office Policy and Financial Responsibility Statement

I understand:

- Initial intake session fee for service is \$85 and is 50 minutes long. Additional sessions are \$85 (individual, couple, family) and are 45 minutes long; longer or shorter sessions will be billed in 15 minutes increments.
- Other professional services (e.g. telephone or email sessions or coaching sessions lasting longer than 10 minutes, report writing, coordination with other professionals, and preparation of records or treatment summaries) Will be billed at the same rate and 15 minutes increments. Legal services (e.g. court appearances) and associated travel time will be billed at the same rate in 15 minutes increments. Gilbert Counselors, LLC reserves the right to change fees within 30 days verbal notice.
- Insurance: We do not build insurance. We do; however, accept payment with an HSA card.
- Payment is due at the beginning of each session. I may pay by cash check or credit card. Return checks will be assessed a processing fee of \$15.00.
- I will be charge \$85 dollars for missed appointments without a 24-hour notice. A pattern of canceled or missed sessions maybe indicative of problems in commitment to therapy and will be addressed in session. Seeing 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 therapist's 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 in that this balance will be due and payable on demand. I further understand that the overdue accounts, with my name on them, maybe submitted to a collection agency.

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

Signature of client (and person financially responsible)

Date