

Julie Burke Wellness  
Email: julie@julieburkewellness.com  
www.julieburkewellness.com  
312-608-0211

**FINANCIAL PRACTICES**

**ALL FEES ARE PAYABLE AT THE TIME OF SERVICE**

**ALL SERVICES ARE BEING HELD THROUGH ZOOM DURING THE COVID-19 PUBLIC HEALTH EMERGENCY.**

**Coaching & Art Therapy Fees for Services:** Coaching and Art Therapy sessions are fifty (50) minutes in duration and meet as scheduled with your coach at a charge of \$100.00 for fifty (50) minutes and \$50 for each additional thirty (30) minutes.

**Brainspotting Fees for Services:** Brainspotting sessions are \$250 for ninety (90) minutes and \$50 for each additional thirty (30) minutes.

**Sliding Scale Fees for Services are available based on your income level:** Sliding scale fees need to be arranged prior to services being rendered. Please speak with Julie to arrange for a fee for service payment plan to fit your income level.

**Packages are available:** If you pay for 3 sessions up front you will receive a 10% discount.

**Adjusted Fees and Payment Schedules:** Adjusted fees and payment schedules must be worked out with your clinician prior to scheduled treatment; they will be based on need and held confidential.

**Payments for Services:** Fees/co-payments are to be paid at the time of the session, unless otherwise arranged with your clinician. Please make checks out to "Julie Burke" or to the name of your clinician. There will be a \$10.00 charge for all returned checks. Any outstanding balances of over 30 days are subject to a 10% interest charge.

**Accepted forms of payment:** Venmo, cash, paypal, credit card, and check.

**Regardless of medical coverage,** you are responsible for your fees for professional services. Clients who default on their financial obligations will be referred to a contracted collection agency and revoke the right to confidentiality in this process. Defaulting clients will be liable for all collection costs including agency fees and legal fees.

**Cancelled or Missed Appointments:** If you are unable to attend your scheduled appointment, a minimum of twelve (12) hours notice must be given in order to avoid a missed appointment fee. If less than 12 hours are given before cancellation or an appointment is missed without cancellation (no-show), you will be charged a \$50.00 missed appointment fee plus a \$4.00 processing fee. Insurance will not cover any of this cost and you are responsible for the full fee. Appointment rescheduling will be at the discretion of the clinician.

**By Signing this form;** you are responsible for all the costs of the professional services you receive, regardless of coverage. By signing this form, you are authorizing Julie Burke to charge your credit card, and or to collect payments at the time of service and you are responsible for paying for all services in full at the time rendered.

**Credit Card:** Your credit card will be held confidential and only be charged the amount of the cancellation or missed appointment fee plus a \$4.00 processing fee in the event that you cancel or miss an appointment: Type: MC V AE DIS Name on card: \_\_\_\_\_ Expiration: \_\_\_\_\_

Account number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Acknowledgement and Agreement of Financial Practices and Fees:**

I have read and understood the above stated policies and agreements with Julie Burke wellness.

\_\_\_\_\_  
Signature of Client/Legal Guardian Date  
(In a case where a client is under 18 years of age, a legally responsible adult acting on his/her behalf)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date