

# Croton Children and Family Counseling

## Financial Agreement

This Financial Agreement ("Agreement") is entered into between Croton Children and Family Counseling ("Practice") and the undersigned client ("Client").

### **Fees:**

The fee for each 45-minute therapy session is \$100. Client agrees to keep a valid credit card on file with the Practice for payment purposes.

**Cancellation Policy:** Client must provide a minimum of 24 hours' notice for cancellation of a scheduled therapy session. If Client fails to provide the required notice or does not show up for a scheduled appointment, Client will be charged the full session fee of \$100.

**Insurance:** The Practice does not accept insurance for therapy services. However, upon request, the Practice will provide a bill for services rendered that clients may submit to their insurance company for possible reimbursement as an out-of-network provider. Client is responsible for contacting their insurance company to inquire about coverage, reimbursement rates, and any other relevant questions regarding out-of-network benefits.

**Additional Services:** If there are any additional services required outside of a therapy session, such as report writing or extended phone consultations, a separate fee will be determined by mutual agreement between the clinician and the Practice founder. Any such fees will be communicated to the Client in advance.

**Retainer for Extra Attention:** In cases where the Client's situation requires extra attention outside of therapy sessions, a retainer may be required.

The amount of the retainer will be determined based on the anticipated additional services needed and will be communicated to the Client in advance.

**Payment Authorization:** By signing this Agreement, Client authorizes the Practice to charge the provided credit card for any applicable session fees, cancellation fees, additional service fees, or retainer amounts incurred as per the terms outlined in this Agreement.

**Changes to the Agreement:** The Practice reserves the right to modify the terms of this Agreement upon written notice to the Client.

By signing below, the Client acknowledges that they have read and understand the terms of this Financial Agreement and agree to abide by its provisions.

Client Signature:

Date:

Credit Card Information:

- Name on the Credit Card:
- Credit Card Number:
- Expiration Date:
- CVV/CVC Code:(3 or 4 digit code on the back of the card)
- Zip Code: