**One Step at a Time Therapy Center**

**Fee/Charge Policies**

**USING INSURANCE PLANS**

If you plan on using your insurance beneifts, it is important for you to understand that payment from insurance is not guaranteed. We will make every effort to work with your insurance in order to receive payment from them. However, if insurance does not pay within 90 days of the date of service it is ultimately the client’s responsibility. We will confirm your eligibility with your insurance, but it may be in your best interest to confirm as well and inform us of any changes.

**Services not covered by insurance** have an additional fee and include but are not limited to the following:

Reports and Letters (ie. court reports)

Completion of Forms (ie. social services)

Phone conversations (ie. disability services or child protective services)

In person participation at meetings (ie. court, school, etc.)

Please make a verbal request 2 weeks in advance (if applicable) for any documentation/letter you may need. This allows ample amount of time to collect the information and compose a comprehensive, professional letter at your request.

**ACCEPTED PAYMENT TYPES AND ASSOCIATED FEES**

Checks and cash are the preferred method of payment. However, we accept most major credit cards and (Health Savings Account) HSA cards.

Any fees we incur due to insufficient funds for items such as returned checks will be passed onto you as the client.

**APPOINTMENTS AND CANCELLATIONS**

If you cancel or do not show, you will be responsible for the entire session fee (including the portion that your insurance would have covered) unless there is an emergency that is out of your control, you are going on vacation, or celebrating a holiday. I encourage you to contact your therapist as soon as possible if there is a conflict in scheduling so that you have enough time to reschedule without being charged. This is necessary because a time commitment is made to you and is held exclusively for you. In addition, If you are late for your session, you may lose some of that session time. You will benefit the most from being dedicated to your treatment and you will be held responsible for making your weekly sessions a priority. Any permanent changes you would like to make in regards to your scheduled sessions should be discussed with your therapist in advance and decided upon together.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT AND THAT WE RESERVE THE RIGHT TO UTILIZE THE PRE-AUTHORIZED HEALTH CARE FORM TO CHARGE FOR ANY OUTSTANDING BALANCES AS INDICATED ABOVE.

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Printed Name

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Signature Date