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[www.anchorpointcounselingcoaching.com](http://www.anchorpointcounselingcoaching.com)

## Client Financial and Payment Policy

### **Purpose:**

To ensure clarity and transparency regarding financial responsibilities, payment expectations, and billing procedures for all clients receiving services at Anchor Point Counseling & Coaching.

### **Policy Statement:**

All clients are responsible for payment of services rendered, including any fees not covered by insurance. This policy outlines the clinic's procedures regarding payment collection, insurance billing, and financial agreements.

### **Payment Responsibility:**

#### **1. Insurance Billing:**

- Anchor Point Counseling & Coaching will submit claims to the client's insurance provider.
- Clients are responsible for understanding their insurance benefits, including deductibles, copayments, and coinsurance.
- If a claim is denied or unpaid by the insurer, the client is responsible for the full balance.

#### **2. Self-Pay Clients:**

- Clients without insurance or those choosing not to use insurance must pay the full session fee at the time of service.
- A sliding scale fee may be available for eligible clients based on financial need.

#### **3. Copays and Deductibles:**

- Copayments are due at the time of service.
- If a deductible has not been met, the client is responsible for any portion of the session fee not covered by insurance.

#### **4. Accepted Payment Methods:**

- Payments may be made by cash, debit/credit card, check or through client portal.

#### **5. Outstanding Balances:**

- If a client has an outstanding balance exceeding \$500.00 services may be placed on hold until payment arrangements are made.

- Balances over 60 days past due may be sent to collections unless a payment plan is established.

**6. Payment Plans:**

- Clients experiencing financial hardship may request a payment plan, subject to practice approval.
- Failure to adhere to an agreed-upon payment plan may result in service suspension.

**7. Refund Policy:**

- Payments for services rendered are non-refundable.

**8. Fee schedule**

Service	Rate	Notes
Initial Intake Session	\$200.00	53+ minutes, may vary
Individual Therapy Session	\$150.00	53+ minutes, may vary
Couples Session	\$150.00	53+ minutes, may vary
Family Session	\$150.00	53+ minutes, may vary
No show Fee	\$150.00	Non-refundable
Late Cancellation Fee (less than 24 hours)	\$50.00	Non-refundable
Sliding Scale Fee	Variable	Based on financial need & clinic approval
Returned Check/Failed Payment Fee	\$25.00	Applied per occurrence
Documentation/Forms Completion	\$25.00	Per 30 minutes
Court Testimony/Legal Requests	\$200.00 per hour	Minimum 4 hour charge
Coaching Services		Fee varies; dependent on service selection

**Consent & Acknowledgment**

By signing below, you acknowledge that you have **read, understood, and agree** to the information outlined in this Client Financial and Payment Policy at Anchor Point Counseling & Coaching.

Client Name (Printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

