

FINANCIAL AGREEMENT

By entering into therapy, we have begun a professional relationship with financial implications. Financial matters are extremely important to all of us. I welcome your questions and comments regarding my financial policies, to reduce any chance of misunderstandings or difficulties.

Fees: My fee is currently \$125 per 45-50 minute session, and \$185 per 75-80 minute session. Group and workshop rates vary. If you are utilizing insurance benefits and I am an in-network provider, these fees will be reduced by the insurer. Occasionally, my hourly fees must be raised to cover increased expenses. I will give you notice prior to any increase.

Payment: You are expected to pay for services at each session. If you are utilizing insurance benefits, you are expected to pay your deductible, co-pay or coinsurance amount, as estimated by your insurance quote of benefits. If actual payment by your insurer differs from what was expected, a financial adjustment will be made promptly. Currently, acceptable forms of payment are credit/debit card (VISA, MasterCard or Discover), cash, or check (payable to "Cindy Thelen, LCPC"). Whichever form of payment you choose, you will be asked to complete an *Electronic Payment Consent and Authorization Form*.

Please be aware that you – and not your insurance company – are responsible for full payment of the fee that we have agreed to. If for any reason your plan does not cover the services provided, or covers them at a different level than was originally understood, you are responsible for full payment of fees.

Cancellation Policy: I maintain a standard 24-hour cancellation policy. Your appointment time is reserved exclusively for you. If you need to cancel or reschedule an appointment, please tell me as soon as possible, but at least twenty-four (24) hours in advance of your reserved appointment time. You may call and leave a message on my confidential voicemail at any time when you realize that you will not be able to make your scheduled appointment. If it is possible, I will offer you an alternate time to re-schedule during the same week.

I will always support you to do what you need to do to take care of yourself and your family. However, with the exception of life-threatening emergencies, **if you are unable to give a full 24-hours notice of cancellation, you will be charged for the time that was reserved for your appointment.** This full fee (not just your co-pay or coinsurance amount) cannot be billed to your insurance company and will be your direct responsibility. For such purposes, I require your signature and a credit card number on file. If you miss a scheduled session or cancel with less than 24 hours notice, the credit/debit card you choose to keep on file will be charged your full session fee for the missed or late-cancelled session. Other circumstances in which your card may be charged are (1) if a check is returned for any reason, or (2) if there is any unpaid balance due after your insurance (if you are using insurance) or any third-party payer has considered all claims.

Telephone consultations: A phone consultation is a mutually agreed upon appointment by phone, in an emergency or when unusual circumstances preclude our meeting face to face. Calls that last 15 minutes or more will be charged my regular hourly rate prorated by the quarter-hour. Please note that insurance does not pay for telephone consultations. I will not charge you for a phone call without your consent.

I am open to phone calls between sessions and there is no charge for simple questions, check-ins or calls regarding scheduling.

Signature: Your signature below indicates that you have read and understand the information provided in this Financial Policy and agree to abide by its terms.

Signature of Client (or Financially Responsible Parent/Guardian)

Date

Signature of Client (Couples/Family Counseling)

Date