Trish **McCoy LCPC CHT NCC**

Cancellation Policy

If you fail to cancel a scheduled appointment, we cannot use this time for another client, so you will be billed $100.00 for the missed appointment.

A full fee is charged for missed appointments or no show cancellations with less than a 24 hour notice unless due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for or cancel an appointment. Thank you for your consideration regarding this important matter.

It is also understood that in the event that you do not show for three scheduled appointments, you will be dismissed from the practice and asked to seek counseling care elsewhere. Upon a dismissal, you will only be allowed to be seen within 30 days in an event of an emergency and will be unable to schedule any further appointments with the practice.

Client's Signature_____ Today's Date _____

Payment Agreement

The client is responsible for payment of any counseling services. Payment for services may be paid after each appointment by PayPal or personal check sent in advanced..

I request that you pay the whole fee at the end of each session, unless we have a written agreement otherwise. I am not accepting insurance payments at this time. Also, a fee of $35.00 will be added to your balance due for each check returned from the bank for insufficient funds. If you have a balance and do not have an appointment scheduled, you will receive a statement around the 15th of each month for services. Unless there is a financial hardship we have discussed and have developed an alternative arrangement, payment is requested upon receipt of the statement. Thank you in advance for your consideration.

If you become involved in legal proceedings that require my participation, you may be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the significant time and energy associated with legal involvement, I charge no less than $450 per hour for preparation and attendance at any legal proceeding.

By signing, the client agrees to the above payment criteria and allows for the release of any counseling notes/records to the respective health plan/insurance company and its agents of any information needed to determine these benefits or the benefits payable to related services. This authorization is valid until revoked by the client and/or termination of services. In the event that Trish McCoy accepts assignment on my claim, the client requests that payment of authorized benefits be made payable to her.

I understand and consent to payment responsibilities and disclosures above.

Client's Signature_____ Today's Date _____

Acknowledgement and Consent

I certify that I have read and understand the above information and that information is true and correct to the best of my knowledge. I will notify Trish McCoy, of any changes in my health status, insurance coverage, address/phone number and/or the above information.

Client's Signature_____ Today's Date _____

Clear Form