**Carol Bither Counseling Services**

**Carol Bither, MS, LMFT, LLC.**

**OFFICE FINANCIAL POLICIES**

Your personal problems took time to develop and, therefore, it will take a certain amount of time to work through them. A therapy session is 50 minutes in length. You are encouraged to call me if you have any questions or concerns between sessions. There is no charge for phone calls. The following will give you some ideas as to treatment cost, as well as our payment policies.

**OFFICE CALLS:**

In an effort to keep costs down I ask that you pay for your office visit at the time of service. The charge for the initial session, a diagnostic evaluation, is $120.00. Basic fees are $100.00 to $110.00 per session. Payment may be made either by credit card or debit card.

**FILING YOUR INSURANCE CLAIMS**:

As a courtesy to my patients, I will file your insurance. However, **you are responsible for the full fee at the time of your visit** except when covered by insurance, which may require a **deductible** and a **copay** amount. **If your insurance company does not follow through with payment, the balance of your account will be your responsibility to pay.**

**STATEMENTS:**

Statements are mailed monthly on all accounts showing any balance due. Be sure to check over your statement to keep current with your charges and payments. Balances over 90 days old will go to collections unless specific arrangements are made with the billing office.

**LATE CANCELLATIONS:**

**To avoid a cancellation charge, please cancel 24 hours in advance of your appointment. If you do not show for your appointment or call late to cancel your appointment, a fee of $60.00 will be charged.** **Insurance companies do not pay for no-show or late cancel fees.**

**I understand that I am responsible for the full fees for services rendered. I understand that should my insurance company not pay for services, I am responsible for the full fee of those services not covered. I understand that if I do not cancel my appointment 24 hours in advance or if I do not show up for my appointment I will be charged a $60.00 fee. I understand that I am responsible for the collection fees, court fees, and attorney fees if my account is sent to collections.**

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 Signature Date