



## Center for Counseling

### Agreement to Pay for Professional Services

I request services from the Center for Counseling for myself or for \_\_\_\_\_  
Print Name

Who is my \_\_\_\_\_. I agree to pay the fee of \$90 per session for these services, or the negotiated fee by my insurance company, Employee Assistance Program, employer or scholarship.

#### Additional charges may apply:

- Fee for Intake or Diagnostic Assessment is \$100.
- Sessions extended more than 10 minutes will be charged on a pro-rated basis for the additional time.
- If I cancel an appointment later than 24 hours in advance of my appointment or no show for the appointment, I will be charged a \$45 fee per occurrence.
- Of I seek additional services such as request materials for court or seek my counselor in court;
- I will be charged the hourly rate of \$125 for such services.
- Fee for a home visit is \$100 per 45 – 50 minute session.
- Fee for mediation is \$125 per hour, per person. (\$250.00 total per person per 2 hour session)
- Fees for phone consultation with your counselor are prorated based on your standard fee.
- Fee for insufficient funds checks is \$25 per occurrence, plus any applicable collection fee.

#### Additional billing policies you agree to:

1. You are responsible for providing accurate and timely insurance information, including completion of any authorization or approval required by your insurance.
2. There are some services that insurance may not cover and you are responsible for these fees or any fees denied for coverage by your insurance.
3. If your insurance or other third party payer has not paid for your services after 2 billings or denies coverage, you are fully responsible for the remaining bill for services.
4. If you do not pay your bill, it may be sent to collections and you will be responsible for the additional 35% charged by the collection agency to collect your bill.
5. You are responsible to give CFC updated address information and failure to do so may result in an unpaid bill that will be sent to collections.
6. Lack of payment of your session co-pay for 2 consecutive sessions or lack of timely payment on a prearranged payment agreement may result in not being able to schedule another appointment with your counselor until payment is received on your account.
7. Any billing questions you have should be directed to the Center for Counseling business office.
8. If the Center for Counseling is billing insurance, your signature below authorizes your insurance to your counselor until payment is received on your account.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_