

# Financial Agreement



**-Fee schedule:** The standard fee is **\$150.00** for a 50-55 minute therapy session and **\$175.00** for a 60 minute initial assessment session. Payment is to be made at the beginning of each visit. Payment can be made by cash, personal check, credit card, debit card or Health Savings Accounts. All fees for services rendered (including copays) are due and payable at the time of service.

**-Missed Appointment and Late Cancellation Fee:** A **\$50 fee** will be charged for missed appointments and cancellations made without **at least 24 hours prior notice**. Fees will be the Client and/or Responsible Party's full responsibility and will not be billed to any third party, including insurance and clergy. Cottonwood Creek Counseling may provide reminder calls as a courtesy; however it is your sole responsibility to keep track of and attend all scheduled therapy appointments.

**-Insurance:** Cottonwood Creek Counseling will communicate with insurance companies as a courtesy, however it is the responsibility of the Client and/or Responsible Party to follow up with the insurance company to confirm 1) in/out of network benefits, 2) needed authorizations, 3) copays, 4) deductibles, 5) number of allowed visits, and 6) exclusions.

**-Other Third Party Billing:** Cottonwood Creek Counseling will communicate with other third party billing such as Clergy, Government, and Employee Assistance as a courtesy; however, it is the responsibility of the Client and/or Responsible Party to follow up with the outside agencies to confirm payment arrangements have been approved and prompt payments are made.

**-Denial of Coverage from Insurance or Third Party Billing:** The Client and/or Responsible Party assume full responsibility for any denial of coverage from any third party billing or insurance. All payment for the unpaid/denied amounts will be due and paid by the Client and/or Responsible Party within 15 days of notification of denial.

**-Returned Check Policy:** If a payment is made on an account by check, and the check is returned as Non-Sufficient Funds (NSF), Account Closed (AC) or Refer to Maker (RTM), the Client and/or Responsible Party will be responsible for the original check amount as well as a \$20.00 service charge. If the returned check and fee are not paid in full within 15 days from the date Client and/or Responsible Party is notified, the account may be turned over to our collection agency.

**-Non-Payment on Account:** Should the Client have a delinquent account, a \$30.00 late fee will be added to your bill every additional 30 days the bill is unpaid. The Client and/or Responsible Party understands that Cottonwood Creek Counseling has the right to pursue legal action and disclose to an attorney or outside collection agency all relevant personal and account information necessary to collect payment for services and applicable fees. In addition, the Client and/or Responsible Party understand that they are responsible for all additional costs of collection on the delinquent account.

**- Terms and Conditions:** If there is any default or breach hereof and any legal action is necessary to enforce the terms of this agreement, the Client and/or Responsible Party agrees to pay Cottonwood Creek Counseling's reasonable attorney's fees and court costs in addition to any other relief to which it may be entitled if client fails to pay any amounts owing hereunder when due, or otherwise breaches any terms of this Agreement. Client and/or Responsible Party agrees to pay for collection expenses incurred in attempting to collect such amounts from Client, in addition to the aforementioned attorney's fees and costs.

**Your signature below indicates that you have read the Financial Agreement and forms a binding contract with Cottonwood Creek Counseling that you will be financially responsible for payment of any and all charges relating to counseling services and applicable fees as indicated above.**

\_\_\_\_\_  
Print Name of Client or Responsible Party

\_\_\_\_\_  
Signature of Client or Responsible Party

\_\_\_\_\_  
Date