

## FINANCIAL POLICY

It is my desire to provide you with excellent professional counseling. My fee is set in accordance with the fair market of professional psychological treatment in the Kansas City Metropolitan area. Fees are based upon 50-minute sessions.

**Payment is required at the time service is rendered.** I accept cash, checks, debit or credit cards. (There will be a \$30.00 charge for returned checks.)

Clients who carry Health Care Insurance should remember that professional services are rendered and charged to the client and not to the insurance company.

You will receive the documentation required in order to submit your claim to your insurance company, your health savings account (HSA) or your employer's flexible benefits/cafeteria plan (FSA). This will include the provider's name and credentials, the date of service, the type of service, the cost and diagnostic code.

In the event that you are unable to keep a scheduled appointment, **a 24-hour notice is required**, except, of course, in an emergency situation. If I do not receive a **24-hour notice you will be charged and liable for the full visit fee**. This fee will need to be paid at the next appointment.

If you have any questions regarding my policy or other matters, please feel free to call me at 913-345-9333.

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I have read and understand the above policies; therefore, by signing below I agree that I am responsible for all applicable charges.

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SIGNATURE OF RESPONSIBLE PARTY

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DATE