Renew Counseling attendance & fee responsibility disclosure

** indicates a required field*

*** By signing this form you acknowledge that insurance is accepted as a form of payment for psychotherapy appointments but will not cover no-show fees or missed appointments. 3 no-shows or missed appointments will result in discharge from the practice. You are also responsible for prior awareness of your policy deductible, any remaining balance if your insurance claim is denied for lack of coverage, failure to meet the annual deductible, or any insurance-related reason beyond the reasonable responsibility of this practice will be the responsibility of the client. A no-show fee of $50 will be applied to your account if you do not arrive within 15 minutes of the session start time.**

- ○ By checking this box I acknowledge that I understand and agree to the statement above.

*** I understand the general fee agreement listed below and agree to pay in total should this or any claim be denied by my insurance agency . I also understand that this is only an estimate and length of treatment may vary based on my need and therapist recommendations. General session rate $150 per session Average number of sessions 10-20 Estimated cost for therapeutic treatment (psychotherapy) $1,500-$3000**

- ○ yes I understand

*** Please select the dat you completed this document**

* I consent to the terms noted above

I consent to sharing information provided here.