

Balanced Rock Counseling

102 N. 4th St, #102
Grand Junction, CO 81501
970.541.0603

Financial Policy

Service or Fee Description	Fee
Individual Therapy	\$90 per 50-minute session
Couples and Family Therapy	\$120 per 50-minute session
Case Management (i.e., phone calls, consultations, meetings)	\$20 per 15-minutes
Late Cancellations/Missed Appointments	Full fee for session
Returned Checks	\$20 per check
Overdue Payments Fee	5% of total due

- 1) My standard charge is **\$90 per 50-minute session for individual therapy and \$120 per 50-minute session for couples/family therapy** unless we have made arrangements otherwise.
- 2) I accept cash, check, or credit card (Visa, Mastercard, American Express, or Discover). Payment is due at the end of each session. If 2 or more sessions are unpaid, I will plan with you for whole or partial payment before scheduling our next session.
- 3) I require at least **24 hours advanced notice** for cancellations or rescheduling of appointments. Late cancellations or missed appointments will be billed in full per appointment. By signing this document, you consent to your therapist charging the credit card on file for any appointment(s) not canceled with at least 24 hours advanced notice.
- 4) I bill case management in increments of 15 minutes, so any **phone calls, document reviews or consultations over 15 minutes** will be billed at \$20 per 15 minutes.
- 5) In my practice, I **do not directly work with insurance (except for TRIAD EAP)** at this time. However, I am happy to provide you with a billing statement that can be submitted to your insurance company for potential reimbursement. Any contact with or submission to your insurance company is your responsibility and I cannot guarantee full or partial reimbursement.
- 6) Upon request, I can provide you with a billing statement by the 5th of each month, which will include all of the fees charged and payments received for the previous month. This billing statement may be used as your receipt for insurance and/or tax purposes.
- 7) If you are overdue on your payments, I will assess a fee of 5% on your total balance. If you are delinquent on your balance for more than three months, I will utilize a bill collection agency to collect any unpaid fees.
- 8) A \$20 service charge will be added to all returned checks and must be paid in full at the next session.

Sliding Scale Fees

I take a limited amount of sliding scale fee clients. If you receive a discount for services, this will be reflected in your billing statement. Out of courtesy, I ask that all sliding scale clients are particularly careful to pay their fees in a timely fashion and are sure to regularly attend all of their sessions.

I have read and understand this financial policy and agree to the above stated fees and procedures. I am responsible for the amount of \$ _____ per session and agree to pay this amount in a timely manner.

Client Name (please print)

Client Signature (if necessary)

Date

Therapist

Date