

Financial Policy

Self-Pay Rate-TBD

Initial Session: \$175- 1 hour

All Other Sessions: \$140.00, \$120, \$95, \$80- (includes, individual, groups and families)

Cancellation Policy:

Your appointment time is set aside solely for you, cancellations **must be received 24 hours in advance of your appointment.** When 24-hour notice is not received, you will be assessed a **\$50 late cancellation/no-show fee.** Please note insurance companies do not reimburse for cancellation fees.

Forms Completion (FMLA/Disability): \$25 per event

Credit Card Authorization

I, _____ authorize Safe Haven Child and Family Counseling Services/Cassandra Miller, MSW, LCSW, LISW to charge my credit/debit card/health care spending card for counseling services, unkept/missed appointments (not giving a 24-hour notification) and for copayments.

Name: _____

Name on the Card: _____

Email Address: _____

Signature: _____ Date: _____

Card Number: _____ Expiration: _____ CVV: _____

Zip Code Associated with Account: _____

(Your card information will be stored securely with your file. If your card is charged you will be notified of the amount charged and reason for the fee charged).

I understand the financial policy at Safe Haven Child and Family Counseling Services. I understand that I am responsible to terms of this policy as stated above.

Patient name: _____

Patient Signature (guardian): _____ Date: _____

Clinician Signature: _____ Date: _____