

Raven Counseling Services

3644 Norwood Rd.

Shaker Hts, OH 44122

PAYMENT POLICY

1. The hourly fee for services is \$125. This includes all psychotherapy services, collateral contacts, clinical phone contacts, and supervision. Fees for support groups and classes are based on group/class size, preparation time, and other miscellaneous factors. Fees typically range between \$35 and \$55 per person. Raven Counseling Services reserves the right to change this fee structure as needed. Fees for seminars are negotiated between Raven Counseling Services and the client.
2. Fees are charged on a per service/session basis.
3. Payment is due at the time of service. A \$25 late fee will be added to accounts overdue 30 days or more.
4. Payments for services can be made in the form of cash, check (made out to Karen Raven), or credit.
5. 24 hour notice is required to change or cancel an appointment. Late cancellations and no shows are billed directly to the client, not the insurance company, at the hourly rate of \$125. Fees for late cancellations/no shows may be billed to your credit card.
6. When the client wishes to access his/her insurance coverage, the therapist will assist the client in completing any necessary forms and return them to the insurance company. However, the client remains responsible for payment of sessions.
7. If an insurance claim is denied by the insurance company, the client is responsible for payment of the session/service.
8. If the client has questions or concerns regarding correspondence from his/her insurance company, he/she should bring this to the immediate attention of the therapist as well as the insurance representative.
9. If an account is 30 days overdue and no provision for payment has been made, your credit card will be charged.
10. If payment is declined by your credit card company, the account will be turned over to a collection agency or attorney, as authorized by state or federal law. We reserve the right to collect any unpaid balance due. Clients will be notified in writing before the account is turned over to collections.

I have read and understand this payment policy. I agree to its terms. I acknowledge that I am ultimately responsible for my bill.

Signature of client/Date

Witness

Credit card type: MC Visa AMEX Discover

Name on card: _____

Exp. Date: _____

Card Number: _____

Security Code: _____

I authorize Karen Raven to charge any missed appointment fees and/or overdue account balances to this credit card, as outlined in the above payment policy.

Signature/date