



Solutions Therapeutic Services

109 Central Ave.
Cartersville, GA 30120
(770) 383-8909
(770)383-8930-fax

Fees and Charges Consent Form

1. **Fees, Charges, and Responsibility for Payment:** Sessions are 45-50 minutes in length. My fee is \$100.00 an hour; please pay in full by cash or check after each session, unless arrangements have been made with your insurance company. It is the client's responsibility to obtain any necessary Authorizations for use of insurance.

Any insurance co-pays are due at the time of service.

Visa and Mastercard are accepted, as well as Healthcare Spending Account debit cards.

A fee of \$25 plus additional expenses incurred will be applied should your check be returned. You will also be responsible for any expenses incurred to collect unresolved balances.

2. **Contact Procedures:** Sessions are scheduled directly with your therapist. You are required to give at least a 24 hour notice in advance if you are unable to keep a scheduled appointment in order to prevent being billed for the session. You can reach your therapist at 770-383-8909 and leave a voicemail if necessary.

You will be responsible for full fee payment (\$100) if less than 24 hours notice is given. Insurance does not cover missed sessions.

3. Forms, Letters and affidavits will incur a \$25 per report fee.

By signing below, I attest that I understand that my therapist will do all that is necessary to file insurance benefits on my behalf and I authorize the release of any PHI as necessary to complete the insurance billing process.

However, as the insured, I am responsible for paying any co-pays dues on the date of service. I am also ultimately responsible for any denied claims that were properly filed in a timely manner.

Client
Signature: _____ Date: _____

Therapist
Signature: _____ Date: _____