

CLEARWATER PAYMENT POLICY

Client's Full Name: _____ Primary Therapist: _____

Intake Fee: _____ Individual Therapy Fee: _____

DBT Skills Class Fee: _____ per module
(due 14 days prior to the first day of each module)

The financial responsibility for this bill is assumed by (check one):

Me (client): _____
Guarantor: _____ Print Name: _____

I want to pay by:

_____ **Credit card:** We automatically bill credit cards at the beginning of the month for the previous month's service. **We accept MasterCard and Visa only.**

_____ **Cash or check:** Payment by cash or check (made out to Clearwater Counseling) is required at the time of service.

For ALL payment options, we require the following information:

Name on credit card: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Mailing Address: _____

Contact Telephone: _____

Do you want to receive a copy of your invoice at the end of every month? Yes ___ No ___

If yes, would you like to receive it by : Mail ___ Fax _____ or

Email _____@_____

Do you want a diagnostic code included on your bill for insurance purposes? Yes ___ No ___

If yes, and you have a diagnostic code you are already using, please provide it: _____

BOTH the client and guarantor (if they are not the same) must initial ALL of the following:

Cancellation Policies:

_____ We charge the full fee for individual therapy appointments canceled with less than 24 hours notice.

_____ There are no refunds under any circumstances for skills class after a module has been paid.

Late/Declined Payment Policies:

_____ Payment by cash or check for individual sessions is due at the time of service and is considered delinquent 24 hours after the appointment. A \$40 charge will be assessed for any bounced check.

_____ Payment by credit card for individual sessions is due at the end of the month for the previous month's services. Cards will be automatically charged as soon as possible after the last day of the month. A \$40 fee will be added to your bill if your card is declined.

_____ For skills classes, payment is due 14 days prior to the beginning of a new module in order to guarantee a continuing spot in the group, and credit cards will be billed automatically at that time. Last minute decisions to join/continue in class are welcomed on a space available basis.

_____ Services can be suspended if accounts are delinquent.

Third Party Billing Policies:

_____ Clearwater Counseling and Assessment Services will only bill one party for services rendered. In cases of custody agreements with multiple payers, one guarantor is responsible for the bill. Fees for no shows are the responsibility of the guarantor.

_____ Clearwater Counseling and Assessment Services is not on any insurance panels and does not make single case agreements with insurance providers. You are welcome to submit our invoices to your insurance company.

_____ Insurance companies do not always reimburse for services provided by unlicensed clinicians. If your therapy or skills class leader is an intern under supervision of a licensed therapist, it is your responsibility to determine whether you will be reimbursed for these services by your insurance provider.

Confidentiality Policy for Clients with Guarantors:

_____ By signing this agreement, the client is giving Clearwater Counseling & Assessment Services permission to discuss payment (including late cancellations and no shows) with the financial guarantor. This waiver of confidentiality is restricted to payment issues and does not apply to any other aspects of the therapy.

I understand and agree to all of the above policies.

Guarantor (Print Name)

Signature

Date

Client (Print Name)

Signature

Date