

**LINDA KAY BARNES, M.Ed., LPC, NCC
POLICIES AND PAYMENT INFORMATION**

APPOINTMENTS

In order to get the most benefit from the therapeutic process, it is important that you arrive on time and consistently. Appointment times are available between the hours of 8:00 a.m. and 12:00 p.m. (noon) and from 1:00 p.m. - 4:00 p.m. Individual sessions are for the standard 50 minutes. Session times are reserved solely for you each week.

Therefore (Please initial beside each dot):

- Your personal credit card information will be retained in your file to cover any missed sessions. A 24 hour notice is required for cancelled sessions; cancellations occurring in less than 24 hours will result in a no-show fee of \$50.00 being charged to your credit card.
- If you fail to keep your appointment without any prior notification, a no-show fee of \$50.00 will be charged to your credit card.
- After two consecutively-missed appointments, your regularly-scheduled appointment time will be open to other clients.
- As a professional courtesy, therapist will allow the client to arrive up to 15 minutes late. However, standard session time is in effect, and if you are more than 15 minutes late, your session is cancelled.

FEES: (Please initial beside each dot that applies):

- The fee for a standard 50 minute session is \$100. Sessions by phone are billed at the same rate and time limit as office sessions (50 minutes/\$100).
- Full payment/co-pay is due at the beginning of each session.
- Cash, checks, Debit Cards, Credit Cards and Flexible Spending Cards are accepted. There is a \$30 fee for returned checks and cash is required thereafter.
- You will be provided with a statement after each session that contains all the information needed for you to file with your insurance company.
- A \$25 fee per page is charged for forms or letters written on your behalf for other services, such as disability.

COURT:

In the event legal testimony is needed, a proper service of subpoena to appear in court is required. In such cases, a non-refundable retainer fee is required to cover any lost income from available or previously scheduled office hours.

(Please initial beside the dot.)

- A non-refundable retainer fee of \$600 for four hours (one half day) and \$1200 for eight hours (one full day) of scheduled court attendance will be expected to be paid in full prior to court testimony. Additional fees may be incurred for preparation time, commute, and additional hours in court until I am released by the judge.

Agreement for Payment:

Fees and payment terms have been discussed with me and I agree to the terms and conditions aforementioned. I understand that payment is due at the time services are rendered. I understand that I will be responsible for additional fees incurred due to missed and/or cancelled appointments with less than 24 hours notice. Failure to pay for services rendered will result in termination of client services and collections procedures.

Client Signature: _____ **Date:** _____