



Humanistic Counseling Center  
PO Box 24242  
Cleveland, OH 44124  
P: 216-839-2273  
F: 216-896-0735

Client Name:  
\_\_\_\_\_

Therapist Name:  
\_\_\_\_\_

**FINANCIAL AGREEMENT**

Humanistic Counseling Center has established a fee of \$225 for initial and family therapy sessions, \$200 for all other therapy sessions. We have contracted with many insurance companies as Preferred Providers, and as such we forgo a portion of your fee, your third party payor pays a portion, and in many cases, you are responsible for a portion of the fee. We try to be clear about our financial arrangements in spite of their complexity and the fact that we cannot guarantee the accuracy or thoroughness of the information provided by your insurance or managed-care company. Please review your policy so that you are clear on how it works, by contacting your company directly. We will bill your insurance out of courtesy to you, but it is your responsibility that you are covered for these services..

In those situations in which you are required to do PRE-certification, you must complete this task prior to the end of the first appointment, or else you will be responsible for payment for the session. Payment for deductibles and co-pay must be paid at the time of each session. Since we have already discounted our rates, we expect to be paid at the time of your session. If we do need to bill you, we expect to be paid promptly. Since we discount our rates, we are not able to extend credit. We accept cash, check or Visa, Mastercard, or Discover. In the event that your account becomes delinquent and you have made no payment arrangements, we reserve the right to use an independent collection agency to procure payment.

Since we sell both our time and expertise, you are responsible for cancelling appointments at least 24 hours in advance. Most third party payers do not pay for last minute cancellations or missed appointments, so payment for this time is your responsibility. In the event of a true emergency, your therapist may be willing to negotiate this fee with you.



By signing below...

- (1) I authorize you to provide the behavioral health services requested.
- (2) I agree to the payment plan above and I understand that I am financially responsible for all charges if no paid by my third party payor within 90 days
- (3) I authorized the payment of benefits of Humanistic Counseling Center
- (4) I agree to pay all bills, or make a payment plan, within 30 days of receipt of a bill.
- (5) In the event that my account becomes delinquent and I have made no payment arrangement, I acknowledge Humanistic Counseling Center’s right to use an independent collection agency to procure payment
- (6) I authorize the release of information to my managed care program, my insurance company, or EAP as necessary to secure payment
- (7) I authorize my therapist to consult with the Humanistic Counseling Center Clinical Director, Jennifer Waugh, LPCC., and her supervisory team. In the event that I call an emergency service or a hospital, I authorize their staff to release information to Jennifer Waugh, and the treating provider at Humanistic Counseling Center

By signing, I \_\_\_\_\_ agree to the above. Date \_\_\_\_\_  
PRINT NAME \_\_\_\_\_