



CRAFTSMAN COUNSELING

Financial Agreement

This Financial Agreement contains information that informs you about my financial policies and procedures. Please read this Financial Agreement carefully and ask any questions you may have. You will be asked to sign this agreement, indicating that you have read it, understand and agree to the policies and procedures outlined.

- Attendance at Appointments
 - If you are unable to keep a scheduled appointment, please notify by phone or text at least 24-hours in advance to avoid a \$50 no show/late cancellation charge. Notice for cancellation of a Monday appointment may be given over the weekend.
- Fees and Payment
 - The standard fee for a counseling session is \$125.00 per session.
 - Payment in full for each session is expected at the time of service. Checks are made payable to: Craftsman Counseling. I also accept cash, Visa, MasterCard, Discover and American Express.
 - I am a contracted provider with Blue Cross Blue Shield and HealthChoice. I will be happy to file claims for these two insurance companies. If you wish to file for out-of-network insurance benefits, your fee cannot be reduced and you must pay the standard fee of \$125. A receipt appropriate for submitting to your insurance company will be provided. You must pay for your session and have your insurance company reimbursement made directly to you.
 - I will review all past due accounts on a monthly basis. Clients who have balances on their account will be mailed a statement. Payment of all statements is expected in a timely manner. If a client owes for two appointments, a third appointment will not be scheduled until the account balance is paid in full. In addition, if there is return check or missed appointment charges on an account, these will need to be paid prior to an appointment being scheduled.
 - There may be a charge based on the standard fee for the following: for any phone consultation over 10 minutes in length, for letters or forms requiring the therapist's time, for consultation time with an outside party or other professional provider.
 - A \$25 fee is charged for each returned check.
- Initial Appointment
 - During your initial appointment, you will be asked to put a valid credit card number on file. This policy gives consent to charge you \$50 if you fail to give 24 hours advance notice when cancelling an appointment.
 - I will discuss with you how I handle emergency situations in regards to charging your credit card.
- Agreement (please initial appropriate fee agreement)
 - _____ I agree to pay \$125 per counseling session.
 - _____ I would like to have my insurance billed for counseling sessions

Signature of Client / Guardian

Date

My valid credit card information is

Credit Card: VISA MASTERCARD AMERICAN EXPRESS DISCOVER
(circle one)

Number: _____

Expiration Date: _____

CVV: _____ Billing Zip Code: _____

I authorize Craftsman Counseling, PLLC and Alan Wishard, LPC to charge payments for services as stated in the Financial Agreement.

Signature of Client / Guardian

Date

The following is about who carries the insurance

Subscriber's Full Name: _____

Subscriber's Date of Birth: _____

Subscriber's Address: _____

City, State, Zip Code: _____

Subscriber's Phone Number: _____

Insurance Company: _____

Subscriber ID: _____

Policy Group Number: _____

Client's Relationship to the insured: Self Spouse Child Other

I authorize the release of any medical or other information necessary to process this claim. I also request payment of medical benefits to the supplier of services, Alan Wishard, MA, LPC.

Signature of Client / Guardian

Date