



### Financial Agreement

As your therapist, I am deeply committed to the clinical care I provide and hope that each client has a beneficial and fulfilling experience. As such, you will not be required to take time to submit payment during your session. This allows us to focus on quality clinical care, while preserving the clinical time you deserve.

Financial Agreement: Copays are payable at the time of service. Your insurance will be billed for the remainder of the session fee. During the first session, an authorization to bill your credit card will be required even if you plan to pay by other means. Please be aware that your credit card will not be charged unless you authorize payment for the session, do not pay at the time of services, your check is returned with insufficient funds, or if you miss the scheduled appointment or fail to call 24 hours in advance to cancel the scheduled appointment.

\_\_\_\_\_ Please initial understanding of the financial agreement

No-Show and Cancellation Policy: The time for your session has been reserved specifically for you. 24 hours notice is required for cancellation to avoid being charged the full fee for that session. The full fee for the session will be charged from the credit card on file if you fail to show up for your scheduled appointment or fail to provide a 24-hour cancellation notice. This cost is not covered by insurance companies. The session will not be rescheduled until the cancellation fee is paid in full.

\_\_\_\_\_ Please initial understanding of the cancellation policy

### Forms of Payment:

Your designated payment type will be used to process payment for all clinical services rendered. The following forms of payment are accepted: Visa, Mastercard, and Pay Pal. Cash and checks at time of session is acceptable on an as needed basis. Please make checks payable to Cecilia Carter.

The Electronic Payment Authorization will be securely stored in your clinical file and may be updated upon request at any time. This will allow me to process payment outside of our time and not disrupt the session.

Please be aware that at any given time, I reserve the right to revisit set fees. Advanced notice will be provided if I were to adjust the set fees. Please feel free to discuss any questions and concerns during your next visit.

Sincerely,

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