22434 Main St. #18, Durango, CO 81301 970-422-7334

FINANCIAL POLICY

Client Name(s) ____________________________ Date of Birth __________________

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Basic Policy: All payments for service are **due in full at the time service is provided. Cash or check** will be accepted for payment. If payment is not made at the time of service, there will be an additional charge of $10 for that session. The normal session payment, plus $10 must be received before the start of the next appointment or your appointment will be cancelled. Interest for fees and charges not paid within 30 days will be charged at the rate of 1.5% per month unless prior arrangements have been made. If you experience circumstances beyond your control, please call and payment arrangements can be made. All balances that reach 90 days past due will be sent to a collection agency. Should your account be sent to a collection agency, you would be financially responsible for all collection fees and legal fees incurred through the process utilized to collect the outstanding delinquent balance. **A $25 fee will be charged for any returned check.** If two checks are returned for insufficient funds, thereafter only cash or a money order will be accepted for payment.

Payment for Services Rendered:
I/We ____________________, ______________________ hereby agree to pay full fee per counseling session. **I/We understand that the full fee for 45 minute counseling sessions is due at the time services are rendered.** If I/we need to cancel or reschedule and appointment, I/we will contact the above listed phone number at least 24 hours in advance (or by Friday for a Monday appointment). **Failure to give 24-hour notice will result in a full fee session charge**, except in cases of sudden illness or an emergency.
The fee per session is $110 family/couple and $100 individual. Additional fees apply to contact outside of the scheduled appointment as follows: Phone call longer than 10 minutes: $2/per minute, Email contact taking longer than 5 minutes, $10/per email, Consultation with other professionals: prorated at $100/per hour, Creating reports or providing documents to other organizations: $100/per hour plus $0.10 per copy.

For Insurance Billing:

- You are responsible for getting proper referral information in advance of your appointment for out of network benefits.
- If you choose to use your insurance for out of network benefits, you may request a monthly record of sessions and payments to be included with your claim for reimbursement. Any reimbursements for these sessions is a matter solely between the client(s) and their insurance company. Durango Family Therapy, LLC has no responsibility regarding this reimbursement.

Divorce Decrees:

Durango Family Therapy, LLC or it's therapists are not party to your divorce decree.

Adult and Minor Clients:

Adult clients are responsible for their bill at the time of service. The responsibility for minors rests with the parent or legal guardian.

I/We have read and fully understand the financial policy as set forth above by Durango Family Therapy, LLC and I/we agree to the terms of this financial policy. I/We also understand and agree that the terms of this financial policy may be amended by the provider at any time without prior notification to the client(s).

Signature of Client/Guarantor ________________________ Date ________________