Barbara Garvin Counseling PLLC

barbaragarvincounseling.com
425.202.5993

FINANCIAL AGREEMENT

Agreement to Pay

By signing this document, I agree to pay Barbara Garvin Counseling PLLC all amounts due or to become due for services provided according to the terms of this agreement. I understand that I am financially responsible for all services rendered and that I may use my health insurance coverage, if applicable, or may choose to pay privately.

Fees for Service

I understand that I may choose to have therapy sessions billed to my health insurance or to pay privately. I understand that I am responsible for any unpaid fees such as copay/coinsurance. Rates are as follows: Intake Assessment session 90 minutes: $175.00. Ongoing Sessions 50 minutes: $125.00. Ongoing sessions 90 minutes (usually couples or families): $175.00.

Health Insurance

At this time, Barbara Garvin Counseling PLLC is an out-of-network provider for all insurance companies. I will check with my insurance provider to determine my out-of-network benefits prior to my scheduled intake. If necessary I may need to submit a claim to my insurance myself. Barbara Garvin Counseling PLLC will be glad to fill out any part of the form that is necessary and/or provide an invoice or superbill to submit.

Payment Methods

I understand that Barbara Garvin Counseling PLLC will accept payment in the form of cash, check, and most credit/debit cards. I understand that when paying with a check, if the check is returned, I am responsible for a $35.00 returned check fee payable to Barbara Garvin Counseling PLLC and that payment in the form of a check will no longer be accepted.

Collection of Past Due Accounts

I understand that all unpaid accounts will be sent to collections, and no further services will be provided until the balance on my account is paid in full. I understand that upon being sent to collections, I forfeit the confidentiality of my personal information.

Appointment Cancellations

I agree that if I need to cancel or reschedule my appointment, to do so 24 hours prior to my scheduled appointment. Unless there is an extenuating circumstance that is beyond my control that causes me to cancel late or No Show my appointment. I understand that I am responsible for a No-Show fee of the full session amount. I understand that if I cancel my session in less than 24 hours, I will be charged a fee of half the session fee amount.

I have read and understand the content of this form. I understand that my signature on this document will be treated as a contract. If the terms of this contract are not met then the contract will be considered to be in default and my account may be referred to a collection agency, whereupon I agree to pay all costs incurred. I understand that my agreement may be reassessed periodically. I also understand that Barbara Garvin Counseling PLLC rates are subject to change.