

# Arcadia Counseling Center Fee Agreement for Services with Peter Tumolo, MC, NCC, CCPT, LPC

Counseling fees must be paid at the time of service. We accept cash, check or credit/debit.

## OUT-OF-POCKET PAYMENT

\_\_\_\_\_ The initial intake session will be charged at the rate of \$145.00. Each 50-minute session thereafter will be charged at the rate of \$130.00. Rates to review documentation or to prepare written reports will be charged at \$60.00 per half hour. Time spent on the telephone and e-mail outside of scheduled appointments may also be billed at a rate equal to an in-office session. **Initial:** \_\_\_\_\_

Payment can be made via use of a Credit/Debit card:  Visa  MasterCard  Discover Card  AMEX

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Expiration: \_\_\_\_\_/20\_\_\_\_\_ ; CIV \_\_\_\_\_

\_\_\_\_\_ Auth. Signature: \_\_\_\_\_

## CANCELLATION POLICY

Cancellation of a previously scheduled appointment requires 24-hour notice. *If advanced notice is not given, the client will be responsible to pay the full amount for the missed appointment. "No-shows" or "forgotten" appointments will also result in the client being responsible for payment of that session.*

*EAP clients will be charged a full session for lack of advanced cancellation notice, otherwise the client will be responsible for the reimbursement rate. Credit/Debit card users will authorize the transaction of full session amount for a "No Show".*

**\*\*By checking either of the above payment methods, the client agrees to the above cancellation policy\*\***

Arcadia Counseling Center reserves the right to change fees at a later date; however, advanced notice will be given.

ACC can provide you with a receipt for your insurance company, if needed; the fee amount, a diagnosis, our tax ID, and our signature will be included on the receipt. However, *it is NOT our responsibility to file claims on your behalf, or to confirm whether your insurance company will reimburse you for our services.* We recommend that you contact your insurance carrier directly to inquire about kinds of services covered, the number of sessions covered, and the turn-around time for reimbursement.

\_\_\_\_\_  
Client/Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member (witness)

\_\_\_\_\_  
Date