

Northwest Christian Counseling LLC (NWCC) requests that you understand and agree to the following financial arrangements and other guidelines before counseling begins:

1. Your fee is \$_____ per session. If there are any special arrangements for payments (including receiving financial assistance from churches or other 3rd-parties), those arrangements should be clarified below:
2. A counseling hour is 53-55 minutes in length.
3. Counseling sessions can be paid by cash, check, or debit/credit card, and should be paid at the conclusion of the counseling hour (unless other arrangements have been made in advance). If paying by check, make payable to "NWCC," not the counselor.
4. NWCC does not accept insurance. However, some clients attempt to seek reimbursement from their insurance companies for going "out-of-network" through NWCC. *If you plan to seek reimbursement from your insurance company, please let your counselor know.* You are responsible for all payments (in full) to NWCC, but NWCC can provide receipts that you can submit to your insurance company. Please note that insurance companies typically require a diagnosable mental health issue for services to be covered, and that by providing such information to your insurance company, this information could become a permanent part of your health record. NWCC is not responsible for any negative consequences that could occur. You are responsible for all payments as well as for filing your own reimbursement claim(s).
5. NWCC requires at least 24 hours advance notice for any session that you need to cancel or reschedule. **You will be billed a \$30 fee for your first late cancellation or no-show, and any further violations of the cancellation/no-show policy will result in being billed for the full session fee.** Repeated no-show or late-cancel violations may be grounds for termination of counseling sessions.
6. If you are late for a session, you will still be billed for the full session.
7. Returned checks will be charged a \$30.00 fee.
8. Counseling fees are subject to change (scheduled fee changes will include a 30-day notice).
9. If a 3rd-party is providing financial assistance, signing this document gives NWCC permission to send an invoice to the 3rd-party (for billing purposes only; therapeutic information is not shared).
10. Please request "NWCC Fee Schedule" for information on additional fees.

X: _____

Client #1—signing indicates you have read and understood this statement.

Date

X: _____

Client #2—signing indicates you have read and understood this statement.

Date