



**FINANCIAL AGREEMENT & OTHER GUIDELINES**

*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 3<sup>rd</sup>-parties), those arrangements should be noted below:
2. A counseling hour is 50 minutes.
3. All counseling sessions are to be paid by cash or check, prior to the start of your counseling session (unless other arrangements have been made in advance). Please make checks payable to “Northwest Christian Counseling” or “NWCC.” NWCC does not currently accept credit or debit cards.
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 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 \$15.00 fee.
8. Counseling fees are subject to change (scheduled fee changes will include a 30-day notice).

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