Haven Counseling

Mary Ann Griffith MA,LCPC

PAYMENT FOR SERVICES: Counseling sessions usually run 50 minutes. The standard hourly fee for therapy is $100.00 an hour; additional time billed to the quarter hour. If there is financial need, we do offer a sliding scale. Please discuss that matter with your therapist to make arrangements. Our practice is to ask clients to pay as we proceed. *Please put payment on your therapist's desk at the beginning of your session. Therapist will accept cash, checks or credit card* Where insurance is applicable, we will receipt you personally with a diagnostic receipt that you may file with your insurance company who will reimburse you. Please note that a) some companies do not reimburse for our services and b) insurance coverage policies are often changing. This means you are responsible for insurance questions. We may be able to help where you direct us, but you are ultimately responsible to ascertain coverage and initiate filing diagnostic receipts. Such receipts are given upon request.

MISSED APPOINTMENTS: Your cooperation in keeping scheduled appointments is expected. To cancel an appointment, you are to notify your therapist 24 hours in advance. **If you cancel or do not keep an appointment without appropriate (24 hours) advance notice, you will charged the full hourly fee for the time; you will personally be responsible for any such charges.**

If you wish to pay by credit card, you will need to set up a pay pal account and fee will need to be paid prior to your appointment.

If you would like your therapist to keep your credit card information on file for appointment payment, please enter that information below

CC#________________________________Exp. Date_____________ Three digit code______

I ___________________authorize Mary Ann Griffith, MA, LPC, LCPC to submit charges for therapy appointments. (Client)

I__________________agree to only utilize the client's credit card for submitting therapy charges. (Therapist)

If you have any questions at all, please feel free to ask your therapist.

I HAVE READ AND AGREE TO THE ABOVE POLICIES.

Client signature ____ Date______________

Therapist signature____ Date______________