**The Harbor Psychotherapy Services, LCSW, PLLC**

1600 Harrison Avenue, Suite G104-5

Mamaroneck, NY 10543

(914) 907-0443

**CANCELLATION AND BILLING POLICIES**

The Harbor Psychotherapy Services seeks to participate in a committed therapeutic relationship with all consumers receiving services. Both therapist and consumer’s time is valued. It is important to the process that all consumers keep their scheduled appointments and arrive on time for their sessions. If you choose to cancel your therapy appointment, we require 24 hours’ notice (i.e. appointment scheduled for 5pm on Tuesday must be canceled **at or** **prior to** 5pm on Monday), or you will be responsible to pay the full cost of the session. If you are using insurance because your therapist is an in-network provider, you owe the cost of the copay **plus** the reimbursement rate, i.e. $30 copay + reimbursement rate of $50 per session by insurance = $80 total balance owed by consumer for the session.

Extenuating circumstances such as death of a loved one, inclement weather, or waking up ill the day of the session will be taken into consideration. Ways to minimize cancelations and inconsistencies in treatment include contacting your therapist in advance when inclement weather is anticipated the day/time of your session or contacting your therapist if you are legitimately ill today, and your session is scheduled for two days from now. If your therapist can reschedule within the **same week,** you will not be asked to pay the cost of the originally canceled session. Otherwise, you will be responsible based on the aforementioned information.

Phone calls taking place during non-scheduled session time of less than 15 minutes will not be charged for those paying out of pocket; however, if we spend more than 15 minutes in a given week on the phone during non-scheduled session time, we will charge you an additional $40.00 for that time regardless of how much time thereafter. We will expect payment during our next scheduled session. Should a crisis ensue that involves more than 15 minutes of our time in the case of requiring hospitalization, I will not charge for this service.

Payment is **due at the time services are rendered**. Cash and checks are the only form of acceptable payments. We do not accept credit cards or other forms of online payments. This applies to all consumers. We will supply you with an invoice per the request of the consumer but will do so on a monthly basis (at the end of each month).

Thank you for thoroughly reading and agreeing to our contract regarding Cancellation and Billing Policies. If further clarification is needed, feel free to ask your therapist during the first psychotherapy session. I am also available to discuss any cancellation or billing related concerns. Thank you.

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Client Signature (Client’s Parent/Guardian if under 18) Date