



Jennifer Worcester, MA, LPC

P.O. Box 94

Parker, CO 80134

303.475.2323 [www.capitolpeakcounseling.com](http://www.capitolpeakcounseling.com) [jennifer@capitolpeakcounseling.com](mailto:jennifer@capitolpeakcounseling.com)

## Financial Agreement

**FINANCIAL/INSURANCE ISSUES:** As a courtesy I will bill your insurance company, HMO, responsible party or third party payer for you, if you wish.

Payment of your co-pay is expected at each session. If your insurance company denies payment for any reason the entire fee is your responsibility. The expectation is that payment is due at the time of your appointment. In the event that you do not pay your balance 90 days after it is due your account may be turned over to collections. If your account is turned over to collections then you lose your right to confidentiality. In the event that an account is overdue and turned over to my collection agency, the client or responsible party will be held responsible for any collection fee charged to my office to collect the debt owed. Further, services may be discontinued by therapist if payment is not received at any time.

If you need to cancel or reschedule an appointment, please give me 24 hours notice. In the event that you do not provide me 24 hours notice I will charge you \$25.00. There are certainly circumstances that do not allow for 24 hours notice. In those circumstances I may choose to waive the fee. Insurance carriers and other third party agents will typically not pay for missed appointments and missed appointments will be your responsibility.

If you have any questions regarding insurance, fees, balances or payments please feel free to ask.

If you are not using your insurance, total payment of fees is due at the time of service. The fee for services is the following: \$75.00 for the initial session and \$100.00 for each subsequent 50 minute session and \$90.00 for a child session. An adjusted fee schedule or sliding scale fee schedule is available. A complete fee schedule is available on my website at [capitolpeakcounseling.com](http://capitolpeakcounseling.com). Acceptable forms of payment are cash or personal check.

Please be aware that if your insurance company denies benefits for any reason, or if no payment is received from the insurance carrier within 30 to 45 days as designated by Colorado law, then you are responsible for the full amount of the bill immediately.

By this agreement, you are also authorizing the exchange of considerable amounts information relating to care and claims with your insurance company(s), or third party payer. The information may including a diagnosis, treatment plan, prognosis, appointment times, and other requested information. Your signature below also authorizes insurance payment to be made directly to Capitol Peak Counseling for services provided under your insurance agreement.

**CLIENT AGREEMENT:** I have read and understand the Financial Policy above and agree to the terms stated. Additionally, my signature indicates that I authorize my insurance company to directly reimburse Capitol Peak Counseling.

\_\_\_\_\_  
Signature of Client or Parent / Legal Guardian

\_\_\_\_\_  
Date