

# Financial Agreement

Lori Brady Counseling, LPCC

20525 Center Ridge Rd, Ste 502 Rocky River, OH 44116 or 19444 Progress Dr, Strongsville, OH 44149  
216-815-5352 Email: Loribradycounseling@gmail.com

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## Information Pertaining to Person Financially Responsible

Name (if not client) : \_\_\_\_\_ Relationship to client: \_\_\_\_\_

DOB: \_\_\_\_\_

Will you be using your insurance benefits or privately paying for sessions? \_\_\_\_\_

For those using insurance benefits ***ONLY***:

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

## Payment Policy

All payment for psychotherapy is due on the same day of service. This provider accepts cash, personal checks, and credit/ debit cards. Individuals that do not attend therapy with the financially responsible party must bring payment with them or have the responsible party leave a credit card on file.

**All clients are required to leave a credit card on file to address missed session/ late cancellation fees.**

I, \_\_\_\_\_, hereby authorize Lori Brady LLC, to charge my credit card as payment for my missed (no show) or late cancel fees.

**Type of Card: Visa MasterCard Amex Discover**

Credit Card Number: \_\_\_\_\_

Expiration Month & Year: \_\_\_\_\_ CVV/CVC (three digit code ): \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

(if different than one provided)

Authorized Signature of Cardholder \_\_\_\_\_

**I acknowledge the payment policy described above, and assume full responsibility of all charges. I agree to honor and abide by the terms of payment and to provide updates of information necessary to keep the card on file active for processing.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Office Procedures and Financial Responsibility Statement

I understand:

- The initial intake session fee is billed at \$200 a professional hour (60 minutes). Thereafter, on-going individual psychotherapy sessions are billed at \$180 a professional hour (60 minutes) and family sessions are \$130 a professional hour (60 minutes).
- Clients wishing *not* to use their insurance benefits, will be referred to as Private Pay clients. The initial intake session fee for Private Pay clients is billed at \$100 a professional hour (60 minutes). Thereafter, on-going individual therapy and family sessions are billed at \$75 a professional hour (60 minutes). Lori Brady reserves the right to change her fees with 30 days verbal notice.
- Insurance: Lori Brady is a participating provider Medical Mutual, Aetna, Cigna, and CareSource. If I am using one of these insurance plans to pay for treatment, I understand that the terms that govern the plan will apply. If I am using another insurance provider, Lori will provide me with a Superbill that I can submit to my insurance company for reimbursement. In any case, I understand that payment for services is ultimately my responsibility and not that of the insurance company.
- Failing to cancel a scheduled appointment within a reasonable timeframe means this time cannot be used for another client, resulting in a loss for all parties therefore, appointments cancelled *without* at least an 8-hour notice will be subject to the same charge of \$75 and again, is not covered by insurance. This charge may be waived if an appointment can be rescheduled within the week of the cancelled appointment. Extreme emergencies must be crisis type events that are unexpected, unavoidable and unforeseeable. These guidelines are not meant to be punitive in nature. There will be a grace of 1 time for a late cancel with no charge. A pattern of canceled or missed sessions may be indicative of problems in commitment to therapy and will be addressed in session. Missing or canceling three sessions within a 90 day period may result in termination of services. Late arrivals will end on time.
- It is my responsibility to keep Lori Brady/ her office updated with correct insurance information. Failure to do so could result in me being totally financially responsible for all services provided.
- Payment and copays are due at the end of each session. I may pay by cash, check payable to Lori Brady, credit cards or PayPal. Returned checks will be assessed a processing fee of \$30.00.
- Lori Brady reserves the right to charge \$75 if an appointment is missed without the courtesy of a phone call. The No Show fee is not covered by insurance and will need to be paid prior to scheduling any subsequent appointments.
- I am financially responsible for any and all charges incurred for the treatment of the above-named client. I understand that I am held liable for any balance due on this account and that this balance will be due and payable no later than 30 days after a Superbill is sent out. I further understand that overdue accounts, with my name on them, may be submitted to a collection agency.

I have read and understand the above office policy regarding length of sessions, no shows & cancellations, late arrivals, charges, returned checks, etc. **I agree to the stated terms.**

\_\_\_\_\_  
Signature of Client (and/or Person Financially Responsible)

\_\_\_\_\_  
Date

Lori Brady, LPCC