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Financial Agreement Form

Please read this FINANCIAL AGREEMENT FORM carefully and ask any questions you may have. You will be asked to sign this agreement, indicating that you have read it, and that you understand and agree to the policies and procedures outlined.

1. Initial Appointment

- A. A valid credit card number is required to book your first appointment and to hold on file. Your card will be charged prior to your first session and after that point, you may pay by other accepted payment methods. Your card information will be stored in a secure location. I will request updates from time to time to be sure that I have up to date information on file.

2. Attendance at Appointments

- B. The length of a standard session is 50 minutes with 10 minutes post-session reserved for documentation. EMDR sessions are 80 minutes.
- C. If you must reschedule or cancel an appointment, a 24-hour notice is required. Cancellation within the 24-hour window will be charged the full session fee.
- D. No-shows are charged the full session fee. If multiple no-shows occur, I reserve the right to terminate the client/counselor relationship.
- E. If there is a true emergency such as a major illness, accident, or loss, I will do my best to work with you to reschedule your appointment. Exclusions to this policy will be reviewed on a case-by case basis.

3. Fees and Payment

- F. All major credit and debit cards, cash, checks, and FSA cards are accepted as forms of payment. I will provide a receipt upon request.
- G. Payment is expected prior to, or at the start of each session. I do not bill post-session or offer monthly billing.
- H. Tree of Life Counseling LLC does not file any insurance claims nor is Tree of Life Counseling LLC a provider on any managed care panels. If your insurance plan offers out-of-network benefits, my license, training, and education will allow you to be qualified for reimbursement if this is part of your policy. Out-of-network benefits allow you to see the provider of your choosing and you will be reimbursed a percentage of the fee--typically between 50-90%. You are responsible for payment at the time of service. I will give you an invoice that you then submit to the insurance company for reimbursement.
- I. If you need to speak with me between sessions, I will respond as promptly as possible. Therapeutic phone calls lasting longer than 5 minutes will be charged a prorated fee of \$35 per additional 15 minutes.
- J. Time spent completing requests for additional documentation/paperwork outside of the standard amount will be charged \$35 per 15 minutes.
- K. If you are more than 20 minutes late for your session, it will be considered a missed session and you will be charged the full session fee.
- L. Failure to pay for services, or provide valid or updated credit card information, will lead to termination of treatment until the full balance is paid. Also, in accordance with Florida state regulations, I may turn over delinquent accounts to a collection agency, and you may be responsible for collection and attorney fees.
- M. You will be provided a 30-day notice of any policy changes, including fee increases.

Please read carefully and sign below:

I have read and understand this FINANCIAL AGREEMENT FORM regarding fees and payment. I understand and agree to this payment contract. I understand that I am responsible for my fees and that fees are due at the time of service. Please be advised that if a balance accumulates on your account due to defunct financial information on file, and no effort is made on your part to pay the balance in a timely manner, I reserve the right to turn your account over to a collection agency and to terminate services/treatment immediately.

Signed: _____

Print name: _____

Date: _____

Address: _____

Phone Number: _____

Billing Information:

Credit card number: _____

Expiration date: _____

CCV code: _____

Name on card: _____

Zip Code (if different from prior listed): _____