

Devan Armstrong MS, LMFT  
Policy Statement

- The cost of the first assessment session is \$85.00 billed directly to the client. Each subsequent session is \$75.00 billed directly to the client.
- Payment is due at the beginning of each session. A receipt will be provided for the client to make their own insurance claim.
- Clients will be charged \$25 for returned checks. Clients will be required to pay by credit card or cash after one returned check occurrence.
- Sessions begin at your designated appointment time and are 50 minutes in length.
- Patients arriving more than 15 minutes after their designated appointment time without calling will be considered a No Call / No Show.
- Missing an appointment without prior notice is considered a No Call / No Show.
- All No Call / No Show's will be billed directly to the client at the rate of \$75.00 per occurrence.
- Late cancellation is any cancellation notice given within 24 hours of the designated appointment time. Late cancellations will be billed directly to the client at the rate of \$25.00 per occurrence.
- Clients that accumulate 3 late cancellations or No Call / No Show's in any combination will be referred out to another counseling service.
- Time spent preparing letters, misc. paperwork, court documents etc. on behalf of a client will be billed directly to the client at the rate of \$40.00 per hour with a \$20.00 minimum.
- Court time or consultations with third parties (NOT related to billing / insurance issues) on behalf of a client will be billed directly to the client at the rate of \$100.00 per hour with a \$50.00 minimum.
- Therapeutic discussions via telephone are discouraged. However, if you feel you must discuss a matter prior to your next appointment, you may e-mail or phone the office. Therapy via telephone will be billed directly to the client at the rate of \$25.00 per incident.

By signing below, I signify that I have read and fully understand this Policy Statement, and that I agree to pay any charges that may be applied to my account as a result of these policies.

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