

Belinda G. Crosier, LPC, LADC

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Financial Agreement

This agreement provides you with information about my financial policies and procedures. Please read this agreement carefully and ask any questions you may have. You will be asked to sign this agreement, indicating that you have read, understood and agreed to the policies presented here.

Cancellations & No-Shows:

* If you are unable to keep a scheduled appointment, please notify me by telephone or text **at**

least 24 hours in advance to avoid a \$50 no-show/late cancellation fee.

* Arriving more than 20 minutes late will be considered the same as a no-show and will result in a charge of \$50.

Fees and Payment:

* The standard fee for a 50-minute counseling session is \$125.00 and is expected in full at the time of your appointment. You may pay by check, cash, Visa, Master Card & Discover; checks should be made payable to Belinda G. Crosier.

* I accept several major insurance plans and will file claims for those companies with whom I am contracted. You may also file for out-of-network benefits with the receipt provided at your visit; you will pay the standard \$125 fee and file for your insurance company to reimburse you directly.

* Any client who owes for two past appointments will be required to pay the outstanding balance before another appointment is scheduled. Any returned check fees (\$25) or no-show/late cancellation charges will need to be paid before scheduling subsequent appointments.

Please initial in the appropriate space below:

_____ I agree to pay \$125 per counseling session.

_____ I agree to have my insurance billed for each counseling & to pay my portion at the time of service.

Signature of Client or Guardian

Date