

Monarch Therapeutic Services, LLC
Beverly T Chevalier, LCSW

FINANCIAL POLICY

FOR CLIENT _____

Below are the terms of agreement regarding payment for sessions with **Beverly T Chevalier, LCSW**

1. Session fees are based on a clinical hour, which is defined by insurance providers as 45-50 minutes with the therapist or mental health professional.

2. If I, the client, fail to appear for an appointment without a 24-hour notice of cancellation, appointment fees will be charged and I will be responsible for payment.

3. I understand if I am late to a session, that session will end at the time originally scheduled. It is my responsibility to arrive on time. If I am more than 10 minutes late for my scheduled appointment and did not make arrangements with the therapist, my appointment may be forfeit and I may have to reschedule.

4. Services including phone calls, emails, record reviews, and professional consultations at times other than the scheduled therapy session are the client's responsibility. These services will be billed per quarter of an hour.

5. I understand that I under the following condition(s) I will pay for services out of pocket and at the time services are provided:

___ I decline to provide insurance information/ I am uninsured and I will pay for services out-of-pocket

___ I am not insured by Husky or Blue Cross and will pay for services out-of-pocket. It is my responsibility to submit receipts for services to my insurance company for reimbursement.

___ I have entered into SLIDING SCALE FEE AGREEMENT and agree to pay \$_____ per therapeutic hour per individual/case management session and \$_____ per therapeutic hour per couple/family session, and per intake/diagnostic evaluation session. I agree to pay full posted fees for all other services.

6. I understand that if my payment is declined by my financial institution, I am responsible for making full restitution for the payment and applicable fees incurred by Monarch Therapeutic Services.

7. I Understand that my payment is due, in full, at the time services are provided.

I have reviewed this document and understand the above statements.

Client/Guardian Signature

Date

Printed name

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