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Peace of Mind Therapy Financial Policy:

Our focus at Peace of Mind Therapy is to deliver high quality care with each of our clients. We believe that in order to best accommodate our clients, the financial component of therapy needs to be met timely so that it does not impact ongoing care. **Please read the following carefully as our policy is not negotiable.**

If appropriate, we bill insurance the day our sessions occur. Insurance reimbursement takes 3-4 weeks after we submit the claim. In signing this document, you attest to the fact that **you are fully aware of your insurance plan, co-payments, deductibles, coverage etc.** and acknowledge that if for any reason insurance does not reimburse Peace of Mind Therapy, you are responsible for the full hourly fee of either \$225 (intake) or \$175 (returning hourly).

Required for Minors: We require minors to have a credit card on file so that we are authorized to charge the card each visit.

New Clients: Valid credit card information will be collected for purposes of collecting co-payments, late cancellation and/or no-show penalties, lapses in insurance coverage, and any non-clinical requests such as preparation of FMLA or court related needs.

Couples: Insurance does not cover the cost of couple's sessions. All therapy sessions will be bill out-of-pocket and charged to the credit card on file.

What is a Late Cancellation and No-Show?: A late cancellation is when a client fails to provide our administrative staff with 48 hours notice of cancel. Changes to work schedule, travel schedule, work related emergencies, school changes, sick at home and not willing to shift to a virtual appointment, etc. will all be considered late cancellations without the proper 48 hours notice. In addition, weekend notice will impact a charge. Please see below. A no-show charge is when a client does not show up for a scheduled appointment or shows up 20 minutes past the start of the session hour. In both circumstances, our clinicians work by the hour and without proper notice, cannot fill that hour for other clients waiting to be seen. **Our clinicians are also not in a position to negotiate with clients on the merits of a late cancellation or no-show charge.**

Late Cancellations: We require **48 hours** advance notice for any cancellations.

For our **Monday appointments**, we require notice on **Thursday during our business hours to cancel.**

After hours Friday or over the weekend will be considered a late cancellation unless your appointment is Wednesday the following week. We prioritize that hour for you, our clinicians are paid on a per client basis, and we need time to adjust to fill our session slots if you cannot make it. All late cancellations will be charged a fee of **\$120**. If you show up 20 minutes past the session hour, you will be charged a no-show fee of **\$120**.

Below Please Provide Your Credit Card Information For Us To Store Securely For The Terms Listed Above:

1. CARD HOLDER'S FULL NAME AS SEEN ON CARD:

CC NUMBER:

CW CODE	BILLING ZIP CODE:	DATE OF EXPIRATION:
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CARD HOLDERS SIGNATURE:

Signature

Date

2. _____