**FINANCIAL POLICIES AND FEE AGREEMENT**

***North Arkansas Counseling Foundation, Inc. (NACF) is a non-profit professional counseling ministry. Counseling fees received go towards operating expenses in order that we may exist for people in need. Our desire is to minister to people regardless of their ability to pay the full hourly rate.***

**Counseling Sessions:**

 **INSURANCE:** Intake Session: $250 Therapy Session: $125

I understand that I am responsible for obtaining pre-authorization and that NACF will file the necessary paperwork. I also acknowledge that I am responsible for any amounts not paid by my insurance carrier.

$\_\_\_\_\_ copay will be paid each session with cash, credit, or check.

 **NO INSURANCE:** Intake Session: $75 Therapy Session: $60

We realize that some people have very different demands financially. Our desire is that no one be turned away because of inability to pay for counseling. (If you select this plan $60.00 will be the fee unless you and a therapist negotiate a lower rate.)

$\_\_\_\_\_ per hour of counselor time will be paid each session with cash, credit, or check.

**MISSED APPOINTMENTS:**

Because of the high number of missed appointments, it is necessary for us to charge a $35 fee for any appointments that you do not show up for without a prior notification of at least 24 hours. Exceptions can be made for illness/emergencies.

Credit Card info: Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CVC #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or address for billing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand and agree the above and that I am responsible for paying for the amounts as agreed above.

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

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