



Financial Policy

Please read and sign this Financial Policy. By signing the policy, you are agreeing to the terms and conditions included.

Full payment is due at the time of service based on the fee agreed upon with your therapist. We request that you notify us of any appointment cancelation as soon as possible. Appointments not canceled with at least 24 hours advance notice and missed/no show appointments will be billed at the full service fee. Please be aware that insurance companies do not reimburse for missed appointments.

Personal checks should be made out to GOLD COUNSELING SERVICES. Visa, MasterCard, Discover and American Express are also accepted. Electronic payment is also accepted and can be made via Zelle to: Julie@goldcounselingservices.com. There is a \$25.00 fee for any returned checks.

Adult clients are responsible for full payment at the time of service. For financially dependent adults, the person signing this form assumes full responsibility for regular payments. Minor clients are the responsibility of their parent or guardian. The person signing this form is representing that they are the financially responsible party. We ask that you provide a credit card number and authorization to be kept on file for automatic charges to your account for services rendered. Your credit card may be charged for any unpaid balance if other attempts to obtain payment have been unsuccessful.

I have read and understand the above financial policy and agree to the terms and conditions stated. I understand that Gold Counseling Services, P.C. will bill my insurance company directly for services rendered with my consent. Otherwise, Gold Counseling Services will provide documentation which I can submit to my insurance company for reimbursement. I authorize Gold Counseling Services, P.C. to provide information to those persons necessary for purposes of payment, collection, insurance claims or healthcare operations.

Client Name: _____

Guarantor Name (Please print): _____

Type of Credit Card: Visa Master Card Discover American Express

Credit Card Number: _____

Expiration Date: ____ / ____ **CVV:** ____ **Zip Code:** _____

Guarantor Signature: _____ **Date:** _____