

CHRISTIAN FAMILY CARE

EXPLANATION OF COUNSELING FEES

We want to take a moment to share our perspective on the important subject of counseling fees. We recognize that the costs of counseling can be a significant challenge to some household budgets.

Payment for behavioral health services is required at the time you receive services. If you are receiving services covered by your insurance company, you must receive authorization prior to receiving services and any co-payments are due at the time service is provided. **Our behavioral health professionals require 24 hours prior notice, if you need to cancel an appointment, otherwise you may be charged for the missed session.**

CFC Established Fee: Whenever possible, CFC seeks to have those who are receiving our services underwrite as much as possible, the cost of the service they are receiving. CFC's regular counseling fees are \$120 per each 50 minute session.

What if a client forgets their checkbook or cannot pay for a session or loses their funding?: Payment for counseling is expected at the time you receive services. Check with your counselor for details. CFC will file insurance, if authorized through your insurance company. If insurance payment is not forthcoming, you will be charged the amount, according to your sliding scale fee.

Refund Policy: There are no refunds for services provided, however, if your account has a credit, CFC will apply that amount either to your next session or, at your request, provide a refund.

Fee Assistance for CFC Foster/Adoptive Parents:

At times, a Social Service Program may refer foster or adoptive families for counseling. If services are provided through the Counseling Department of CFC, an explanation of fees is provided for this service. We recognize that the costs of counseling can be a significant challenge to some household budgets. In this case your adoption or foster care specialist may request financial assistance for short-term supportive counseling in your role as a foster/adoptive parent.

It is our hope that you will benefit greatly from the professional training and loving support of our counseling staff. It is our desire that you, like many who have gone before you, will eventually take an ongoing interest in our ministry by the giving of your time as a volunteer, or through financial support.

Your investment personally, emotionally, and financially in your own growth will be the most important factor in achieving your desires. If there is anything we can do, or if you have any questions, please do not hesitate to call the Director of Counseling at 602.234.1935.

I/We _____, agree to pay Christian Family Care the amount of \$_____ for each 50 minute counseling session. I/We understand that this fee is due and payable at the beginning of each appointment.

Date

Signature

Signature