



Central Arizona	3603 N. 7th Avenue, Phoenix, AZ 85013	602.234.1935
Southern Arizona	6063 E. Grant Road, Tucson, AZ 85712	520.296.8255
Northern Arizona	7515 E. Long Look Drive, Prescott Valley, AZ 86314	928.443.1150

EXPLANATION OF COUNSELING FEES

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.

Appointment cancellations:

CFC requires a minimum **24 hours prior notice**, 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 cannot pay for a session or loses their funding?

Payment for counseling is expected at the time you receive services. Depending on circumstances, you may be eligible for a reduced fee, through our counseling scholarship program. 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. If your account has a credit balance, CFC will apply the balance amount 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 counseling to support you in your role as a foster/adoptive parent.

CFC seeks to provide excellent quality behavioral health services at the lowest rates possible. It is important to the mission of CFC that services be provided to all clients, therefore, for those whose income or lack of insurance restricts them from being able to pay the stated fee, we are fortunate to have friends of CFC who help to underwrite the cost of services provided through their charitable gifts. If you are unable to pay the stated fees, please advise your case worker before signing the Consent for Service form and request a fee modification.

It is our hope that you will benefit greatly from the professional training and loving support of our 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.

I understand that CFC requires a **minimum 24 hour prior notice for appointment cancellations**, otherwise I **may be charged for the missed appointment**.

Initials: _____

I understand that **payment for behavioral health services is required at the beginning of each appointment**.

Initials: _____

I/We _____, agree to pay Christian Family Care the amount of \$ _____ for each 50 minute counseling session.

Signature

Date

Signature

Date