Central Arizona	2346 N. Central Avenue, Phoenix, AZ 85004	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 $150 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:

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.

Insurance:

Does the client have insurance? ☐Yes ☐No Insurance Provider: ___________________________________

I authorize Christian Family Care to bill our insurance provider for services provided.
I further authorize payment of medical benefits directly to Christian Family Care: ☐Yes ☐No

Acknowledgements:

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