

Test 7, Test: Adult and Child Counseling · Private - Cash Pay

Report Information

Report Type: Financial Agreement  Status: Due
 Date Due: Performed By: 

Christian Family Care - Explanation of Counseling Fees

Payment for behavioral health services is required at the time you receive services:
 Arizona Family Counseling (AFC) is a ministry of Christian Family Care (CFC). All checks are payable to and credit/debit cards are charged through CFC.
 Appointment cancellations:
 CFC requires a minimum 24 hours prior notice, otherwise you will be charged full hourly rate 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?
 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 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 counselor before signing the Consent for Service form and request a fee modification. Depending on circumstances, you may be eligible for a reduced fee, through our counseling scholarship program. Check with your counselor for details.

CFC has also developed an internship program that serves as a training experience for Master's level graduate student counselors. These interns are closely supervised by a licensed professional counselor. Clients who meet with interns pay the intern rate of \$45 per counseling hour.

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.

Name	Fee or copay
<input type="text" value="<*EN1>"/>	<input type="text"/>

I agree to pay Christian Family Care the amount specified above for each 50 minute counseling session. I understand that this fee is due and payable at the beginning of each appointment.

Clear Signature

Date of signature above

<*ED1>