



**Missed Appointments:** Because counseling hours are reserved, SamaraCare charges for canceled and rescheduled sessions when less than 24 hours notice is given except in case of emergency. A full session fee (\$165) will be charged as insurance does not reimburse for missed appointments.

**Patient Balances:** I am aware that I am responsible for my session fee or insurance co-pay, co-insurance or deductible at the time of service. I may pay with cash, check, or credit card. I understand I will be charged \$20 if a check is returned for insufficient funds. If my account has an outstanding balance that has not had payment for 2 sessions, further sessions will not be scheduled unless approved by a supervisor.

**Financial Communication:** I release my financial account information to be shared with the following individual/s:

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand and agree to the financial policies as stated.**

\_\_\_\_\_  
Signature (18 & over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

A copy of this form is available upon request