

# FINANCIAL POLICY

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## **Aspiring Minds** **Neuropsychological Assessment & Psychotherapy Clinic**

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Below are the terms of agreement regarding payment for sessions at Aspiring Minds Clinic.

1. Session fees are based on a clinical hour, which is defined by insurance providers as 45-50 minutes direct with the counselor or professional.
2. If I, the patient, fail to appear for an appointment without a 24-hour notice of cancellation or provide less than a 24-hour notice of cancellation, appointment fees will be charged, and I will be responsible for payment.
3. I understand that if I am late to a session, that session will end at the time originally scheduled. It is my responsibility to arrive on time.
4. Services including phone calls, emails, record reviews, and professional consults at times other than the scheduled therapy session are the patient's responsibility. These services will be billed per quarter of an hour.

I have reviewed this document and understand the contingencies stated above.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date