



351 Wagoner Dr STE 135
Fayetteville, NC 28303
888-550-2804
www.cateRRRflies.com

FINANCIAL POLICY

1. I understand that I am fully responsible for paying all services rendered to me and/or members of my family by intern counselors or counselors at CateRRRflies Lifework. I further understand that such payment is expected when services are rendered and is not contingent on any settlement, judgement or insurance payment, by which I may eventually recover said fee.
2. I understand that I am responsible for knowing all of my insurance benefits not limited to co-payment and deductible amounts. My co-payment amount per session is \$_____ ; my deductible amount per year is \$_____. Have you met your deductible for this year? YES NO If no, how much more do you have to pay towards your deductible as of today's date? \$_____.
3. I have read and understood the Insurance Carrier and Copay Responsibility Explanations & Agreement of Understanding.
4. I understand that I will be charged a **LATE CANCELLATION FEE**, the day of, for the current **HOURLY FULL RATE** if I fail to give at least **48-hour** notice prior to cancelling my appointment. This should be done in the client portal, by email, or by phone all of which are time stamped. Please try to reschedule if you can to avoid this.
5. I understand that I will be charged a **NO-SHOW FEE** of the current hourly rate in full if I fail to show for my appointment for any reason unless an emergency (hospitalization).
6. I understand that the therapy session will last 50 minutes. I understand that if I **LATE SHOW** to the appointment, I will still have to end the session at the allotted time. I understand that if I am more than 14 minutes late my appointment is now considered a **NO-SHOW** and charged accordingly.
7. I understand that late cancel and no-show appointments are an out of pocket expense and that my insurance carrier will not cover these charges thus an HSA or FSA card can not be used for payment.
8. I understand that all unpaid balances are due before the next session.
9. CateRRRflies Lifework can provide me with statements upon my request, which I may file with my insurance company for reimbursement consideration.

Signature of Responsible Party

Date

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