

WAVE Professional Clinical Counselors Inc.

WAVE THERAPY
3150 PIO PICO DR. SUITE 105
CARLSBAD, CA 92008

PHONE: (760) 500-3325

Fees and Payments

Using Insurance

Your appointment time is reserved for you. Once you have scheduled a session, you will be expected to pay for it unless you provide at least 24 hours advanced notice. Even if you have insurance, your insurance is not expected to pay for sessions cancelled with less than 24 hours notice. You will be billed a \$65 cancellation fee if you are utilizing insurance that is to be paid prior to the next session.

Paying Cash

If you are NOT utilizing insurance and paying Cash you will be billed the full agreed amount of each session if you do not give 24 hour notice to cancel. Once you have scheduled a session, you will be expected to pay for it unless you provide at least 24 hours advanced notice.

Please Remember: If you do not cancel within 24 hours of your session you will be billed for the full amount of the session even if you have insurance. The insurance companies will not cover cancelled sessions.

Should you be writing checks and a check should bounce, meaning "insufficient funds in the account", you will be charged a \$10 processing fee plus the original amount. The original amount plus the \$10 fee is due in form of cash/money order before the next session in order to reserve your time. In a situation where your absence was beyond your control, (i.e. a true emergency, NOT a cough/cold or flu) and where time permits, I will attempt to reschedule your session within the same week but you may still be billed for a cancellation if there was less than 24 hours notice. If you are not feeling well and choose to do a Facetime or Phone call in place of our session because it is more convenient for you, that may be an option.

WAVE Counseling accepts credit cards, checks, and cash. If you choose to use a credit card there is an additional \$3 charge unless you are paying through insurance.

By signing this form, I agree to pay the amount my insurance has requested as a part of my copay or deductible or the agreed upon amount my therapist charges if I am not using insurance or if my insurance lapses.

Signature of client (or person acting for client)

Date

Printed Name

Date of Birth