



Fees and Payment Policies – Private Pay

- Advance payments / account credits will be refunded if they do not apply towards any balance owing. _____
- A **\$150.00** fee will be charged for any cancelled and missed appointments **unless 24 hour notice is given.** _____
- ITSNW accepts credit cards, debit cards, check, and cash. Any default on payment (credit card refusal, NSF check, etc.) will result in an additional fee and collection action. Future appointments may not be scheduled if there is an outstanding balance on your (or your child's) account. _____

Fees

- The intake fee is \$220.00. Both individual sessions and family sessions are \$150.00 per 50 minutes. Additional charges may apply (see page 2 of the disclosure information form). _____
- Group therapy is \$40 per hour. For two-hour group sessions, the second hour is discounted to \$20.00. _____
- I attest that I am not covered under Medicaid/Apple Health/ProviderOne. _____

Client Billing

- **Payment is due at the time of service.** The intake fee for each provider is \$220.00. Both individual and family sessions are \$150.00 per 50 minutes. Additional charges may apply. (Initial option 1 or 2 below)
 - **Option 1:** _____ I will pay the full fee at the time of service with cash, debit/ credit card or personnel check.
 - **Option 2:** _____ Please charge the full fee at the time of service to the credit card provided on file. **

**** Please note that a credit card is required to be kept on file with ITSNW.
The card will be automatically charged only for co-pay payments and past due balances.
Please provide the credit card to be kept on file to the receptionist. ****

Email for Reminders and Invoices: _____

Client Name: _____

Client Signature: _____ **Date:** _____

Guardian Name: _____
(if client is under 18 years old)

Guardian Signature: _____ **Date:** _____
(if client is under 18 years old)