

Financial Agreement

Moving Forward, PLC

Michele T. Cole, Ph.D., LCSW, 117 S. St. Asaph St., Alexandria, VA 22314, 571-483-0306

Patient's Name

Date

First Name Last Name

Parent(s) Name (if under 18):

Address

First Name Last Name

Street Address

Main Phone

Street Address Line 2

Area Code Phone Number

City State/Province

Postal/Zip Code

Email

Alternate Phone

example@example.com

Area Code Phone Number

Age

DOB

Gender

Marital Status

Referred by

Organization

Guarantor (if other than the patient)

Relationship to the Patient:

Phone Number

Same as above

Yes

No

Area Code Phone Number

Email

Same as above

example@example.com

Yes

No

Please note:

Session fees vary by therapist. For individual, couples, and family therapy sessions, fees range from \$160 to \$275 for a 60 minute session

Group Therapy Session, 60 minutes \$110

ADHD Screening \$350 to \$450

Court Documents, Expert Witness Testimony and Reunification Work, 60 minutes \$360

Policies

Payment Method

Payment for sessions is due at each visit unless other arrangements have been determined on an individual basis. Payment may be made by check, cash or credit card. If there are particular obstacles in making payments, we are willing to make a suitable payment agreement with you which would be written and signed by both of us. Should your account remain unpaid for over 30 days, we may suspend sessions until the balance is paid in full and/or assess a monthly interest fee.

Missed Appointments

There is a full fee charge for appointments that are not cancelled 48 hours in advance of the scheduled session. This policy is standard for most psychotherapists and holds true regardless of the reason for cancellation. You may cancel a session by leaving a message via voicemail (571.483.0306), by email mcole@movingforwardplc.com, or by talking with the therapist directly. You may leave a voicemail or email message any time of day or week.

Insurance & Third Party Payments

Most insurance companies will cover outpatient psychotherapy services. Make sure to read your insurance handbook or talk with your insurance company representative to make that determination. We will provide regular statements to you for purposes of reimbursement. We will not bill your insurance company directly. You are responsible for getting reimbursement for our services through your insurance company. We are happy to assist you in this whenever possible so that you comply with your insurance policies to be fully reimbursed.

Billing

We will provide you with a billing statement for your insurance company on a monthly basis or more often at your request. The statement includes all the information that most insurance companies require. It is your responsibility to submit the statement along with the necessary forms for reimbursement. You should be aware that insurance companies require a clinical diagnosis by the therapist as a condition for payment. If you have any concerns about this, please don't hesitate to discuss them with your therapist.

Phone/Email Consultation

Any phone and/or email contact with family, friends or professionals would have to be approved and a release signed prior to us talking with such people. Phone and/or email consultation with you or others at your request beyond 10 minutes will be charged the standard fee on a pro-rated basis. There is no charge for routine contact regarding scheduling or for a brief contact under 10 minutes.

Confidentiality

All information you share is confidential. The only legal exception to this is when a mental health professional believes you may be of danger to yourself or others. Otherwise, no information may be shared about you without a signed release. Clients under the age of 18, confidentiality will be maintained, however there will be times that information will be shared with the parent or guardian of the said client at the therapists discretion.

Legal Proceedings

At anytime if a client or parent of the identified client becomes involved in litigation due to divorce proceeding, etc. The parent(s) or guardian of the client, or the client themselves, agrees to pay all legal fees associated with the said litigation for Moving Forward, PLC.

If you have any questions at all, please don't hesitate to bring them up. We look forward to working with you.

Please sign below acknowledging that you have read this financial agreement and agree to comply with the policies of Moving Forward, PLC.

**Signature of Responsible
Party**

Date

Credit Card Authorization

Moving Forward, PLC

Michele T. Cole, Ph.D., LCSW, 117 S. St. Asaph St., Alexandria, VA 22314, 571-483-0306

I authorize Moving Forward, PLC to keep my signature on file and charge my Visa, Mastercard, or Discover for psychotherapy sessions on the date of the session.

Patient Name

First Name Last Name

Cardholder Address

Street Address

Street Address Line 2

Cardholder Name

First Name Last Name

City

State/Province

Postal/Zip Code

Cardholder Signature

Effective Date

Credit Card #

Expiration Date

Security Code

Consent Form: Email, Text Messaging, Skype & Facetime

Moving Forward, PLC

Michele T. Cole, Ph.D., LCSW, 117 S. St. Asaph St., Alexandria, VA 22314, 571-483-0306

I, _____, give consent to communicate with therapists or

First Name Last Name

office staff at Moving Forward, PLC via email, text message, Skype & Facetime or any other computer or telephonic communication. In so doing I realize that all communications using email/text/Skype/Facetime or other type of alternative communications is not “safe,” and cannot be guaranteed to be confidential. I agree that if I use any or all of these forms of communication with the staff at Moving Forward, PLC that the confidentiality of our communication cannot be guaranteed.

Signature

Date

Thank You,

Michele T. Cole, Ph.D., LCSW
Director, Moving Forward, PLC

Please email all completed forms to astruber@movingforwardplc.com