



**Milena Garcia Skollar, LCSW** [milenaskollar@gmail.com](mailto:milenaskollar@gmail.com) (404) 219-4828

## Financial Policy

1). All payments should be made at time of service. If special arrangements need to be made in unique situations (ie: someone other than you pays your bill), you can be billed monthly. In these cases, a credit card will be held on file and charged if payment for the previous month is not paid by the 30th of the following month (for example, if November bill is not paid by Dec 30th). If this is the case, please call me so I can store your credit card information. If monthly statements are not paid consistently, you will be asked to move to a time of service payment. **Note: credit cards will be securely stored through Therasoft. There will be a 3% processing fee added to the balance.**

2). Beginning January 2018, the late fee policy will be upheld without exception. The policy is part of the informed consent you signed when starting in the practice. It reads: ***If you are delinquent with payment, there will be a \$25 late fee after 30 days, and assessed once a month thereafter until the bill is paid in full (unless special payment plans have been made and approved of in advance). For payment plans, the \$25/month fee will be added to the bill each month until the bill is paid off in full.***

3). The fee structure is as follows: \$200 for 45 minutes (individual therapy)

\$275 for 60-75 minutes (individual, couples or family therapy)

\$375 for a double session and intake (90+ minutes)

Special Financial Arrangement (to be evaluated every 3 months):

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Please contact Milena Skollar (information above) or Joe Caridi (billing representative) at [joe@caridi.com](mailto:joe@caridi.com) with any billing questions or concerns. Signing this agreement also acknowledges permission for Mr. Caridi to handle financial information, for me to communicate with him and/or for he or I to communicate with third party payers about your account/services on your behalf. Signing signifies agreement to the financial policy above.

Client/Responsible party (please sign and print your name and date):

Please print: \_\_\_\_\_



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Please sign: \_\_\_\_\_