Ephrat L. Lipton, ACSW, LCSW, BCD, CEDS ephratlipton@gmail.com (404) 202-0932

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 Square. There will be a 3.5% processing fee added to the balance.***

2). The late fee policy will be upheld without exception. The policy is part of the informed consent 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.*** **For payment plans, the $25/month fee will be added to the bill each month until the bill is paid off in full. This is the charge for carrying a balance. Also, failure to provide 24 hour notice for cancellation of sessions will result in full charge for that session.**

3). Beginning January 1, 2018, the new fee structure is as follows:

$210 for 45 minutes (individual therapy) or $280 for 60 minutes (individual therapy)

$350 for 75 minutes (individual, couples or family therapy)

$420 for a double session (90+ minutes) and initial assessment

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

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Please contact Ephrat Lipton (information above) or Kim Frey (billing representative) at kfrey16751@bellsouth.net or (678) 984-6722 with any billing questions or concerns. Signing this agreement also acknowledges permission for Kim to handle financial information regarding your care and for me to communicate with her and/or for her or I to communicate with third party payors 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):_____

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