



Jo Raphael, LCSW, ACSW, BCD

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Financial Policy

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 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.**

There will be a late fee of \$25 per month for balances over 30 days old. 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. The \$25/month fee will be added to the bill each month until the bill is paid off in full (unless special payment plans have been made and approved of in advance).***

When making, changing or canceling an appointment by text or voicemail, please do not consider the appointment or cancellation confirmed unless you have written confirmation from me that I have received your message. I would appreciate the same confirmation back from you. If in doubt, please check with me. If you have not received my confirmation for missed or cancelled appointments, you will be held financially responsible for the session. All cancellations must be made with a minimum of 24 hours advance notice on weekdays and 48 hours on the weekends

The fee structure is as follows:

\$180 for a clinical hour (45 minutes) + \$60/additional 15 minute blocks

Group sessions – TBD

The 45 minute hour is set so that we can talk, decide upon next steps and set up the next session. The remaining 15 minutes allows me time for documentation. All sessions must end on time so as not to incur the next higher charge.

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



At the present time I am not on any insurance plans and do not file with insurance. I will give you a receipt at the end of the session that you can submit to your insurance company. If you have out of network benefits you may be reimbursed for part of our sessions.

If you have any questions about these financial/billing policies and procedures please let me know (information above) and I will be happy to talk with you about them.

Signing this document signifies agreement to the financial policy above.

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

Thank you.

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