Jo Raphael, LCSW, ACSW, BCD
6100 Lake Forrest Dr., Suite 450, Sandy Springs, GA 30328
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Financial Policy

All payments are due at the time of service.

The fee structure is as follows:
$180 for a clinical hour (45-50 minutes) + $60/additional 15 minute block.

The 45-50 minute hour is set so that we can talk, decide upon next steps and set up our next session. The remaining 10-15 minutes allows me time for documentation.

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.

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).**

At the present time I am not on any insurance panels at this location. If you have out of network benefits, you may be reimbursed for part of our sessions. Please request a Superbill from me that you can submit to your insurance company. Your payment is still expected on the day of service, **you** file with your insurer and receive their reimbursement.

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

Signing this document signifies agreement to the financial policy above.

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

Thank you.
Jo Raphael, LCSW, ACSW, BCD