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**phone: (404) 343-4162 fax: (404) 549-9316**

## **COPE™ at AC4W Financial Policy**

1). A credit card will be securely stored, and all payments will be charged at time of service. Please share your credit card information below:

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address/Zip Code: \_\_\_\_\_

***Note: There will be a 2.6% processing fee added to the credit card balance. COPE™ at AC4W does not accept insurance nor do we file insurance claims. A super bill receipt can be requested and provided by us so that you can file with insurance for reimbursement.***

2). Every group selected requires a one month commitment. Credit cards will be charged for the full month of groups before the first group of that month. There is a strict attendance policy for groups, and participants are charged whether or not they attend the group. Please know that we will be charging the **FULL FEE** with NO EXCEPTIONS. Groups that are started mid month will be prorated.

3). The fee structure for all COPE™ groups (BESIDES FBT GROUP & FREE GROUPS) is as follows:

\$75 for each one hour of group. Longer groups may incur additional charges.

Any individual, family, medical, and/or nutrition therapy will be fee for service. Each practitioner has a different fee schedule based on specialty, expertise, and years of experience.

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Please contact Kim Frey (billing representative) at (678) 984-6722 or AC4Wbilling@gmail.com with any billing questions or concerns. Signing this agreement also acknowledges permission for Kim Frey to handle financial information regarding your care and for AC4W COPE™ clinicians to communicate with her and/or for her 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 date and print and sign your name): Date: \_\_\_\_\_

Printed name of responsible party \_\_\_\_\_

Signature of responsible party \_\_\_\_\_