



**Ephrat L. Lipton, ACSW, LCSW, BCD, CEVS [ephratlipton@gmail.com](mailto:ephratlipton@gmail.com) (404) 202-0932**  
**Financial Policy**

1). Ephrat is an **out of network provider**. All payments will be charged with cc on file (unless paid by cash/Venmo or check) within a week of the session. If special arrangements need to be made in unique situations, monthly bills can be sent. In these cases, a credit card will still 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 the November bill is not paid by Dec 30th). If monthly statements are not paid consistently, you will be asked to move to a cc payment only. **Note: credit cards will be securely stored through our EHR . There will be a processing fee of just < 3% added to the balance by the cc company.**

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.***

**\*Failure to provide 24 hour notice for cancellation of sessions will result in full charge for that session no matter the reason. Please give as much notice as possible for cancellations.**

3). Fees may increase yearly 10% (or more if you are sliding scale). The current fees are as follows:

\$330 for 45-50 minutes (individual therapy)

\$475 for 75 minutes (individual, couples and/or family therapy)

\$600 for a double session (90-100 min individual, couples, and/or family) and/or initial assessment

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

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Credit Card Info: CC# \_\_\_\_\_ EXP: \_\_\_\_ / \_\_\_\_

CVV \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please contact Ephrat Lipton (info above) or Kim Frey (billing representative) at (678) 984-6722 or [ephratlbilling@gmail.com](mailto:ephratlbilling@gmail.com) with any billing concerns. Signing this agreement 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 on your behalf. We **do not file insurance** but do provide monthly superbills. Signing signifies agreement to the financial policy:

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of responsible party \_\_\_\_\_ Relationship to client: \_\_\_\_\_

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