Taylor Trussell, LPC 470-255-1228 taylor@taylortrussell.com

Financial Policy

1). All payments will be made at time of service, via credit card, which will be securely stored on the EHR (electronic health record) system, Therapy Notes. If special arrangements need to be made in unique situations (ie: someone other than you pays your bill), please let me know ASAP. If you cannot use a credit card, a check may be accepted at time of service. There will be a $40 check cancellation fee, and a $25 late fee for payments not received by the due date. ***Note: Credit cards will be charged at completion of each service and a processing fee of just under 3% will be added to charges.***

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.*******

3). The fee structure is as follows:

$280 for 45-50 minutes (individual therapy)

$400 for 75 minutes (individual, couples and/or family therapy)

$500 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):_____

_____

Credit Card Info: CC# _____ EXP:_____/_____

CVV_____ Zip Code:_____

Please contact Taylor Trussell, LPC (info above) or 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 to handle financial information regarding your care, and for me to communicate with her and/or AC4W, as well as for her or me to communicate with third party payors about your account/services on your behalf. Signing signifies agreement to the financial policy above:

Printed name of client _____Date_____

Printed name of responsible party_____Relationship to client_____

Signature of responsible party _____