



Kayla Phillips, MA, APC

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FINANCIAL POLICY

1. All payments will be made at the 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 (i.e., someone other than you submits payment on your behalf), please let me know ASAP. If you cannot use a credit card, a check may be accepted at the 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 the 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 in full. This is the charge for carrying a balance.***

****Failure to provide a 48-hour notice for cancellation of sessions will result in full payment for the missed session, no matter the reason.***

3. The fee structure is as follows:
 - \$215 for 45-50 minutes (individual therapy)
 - \$315 for 75 minutes (individual, couples and/or family therapy)
 - \$375 for a double session (90-100 minutes – individual, couples, and/or family) and/or initial assessment

****Special Financial Arrangement (to be evaluated every 3 months)*** _____



Credit Card Number _____

Exp ____/____ CVV _____ Zip Code _____

Please contact Kayla Phillips, MA, APC, (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 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 _____