



Milena Garcia Skollar, LCSW
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FINANCIAL POLICY

1) Payment is due at the time of service. In special circumstances—such as when someone else is paying on your behalf—monthly billing can be arranged. In this situation, a credit card will be kept on file and charged if payment for the prior month is not received by the 30th of the following month (e.g., if November's balance remains unpaid by December 30). If this applies to you, please contact me to securely provide your card information. If monthly statements are not paid consistently, you may be required to transition to time-of-service payments.

****Credit cards will be securely stored through Therasoft.***

2) Beginning January 2025, our late-fee policy will be enforced without exception, as outlined in the informed consent form you signed at the start of services. 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 (unless special payment plans have been made and approved of in advance).** A \$25 monthly service fee will be added to your bill each month while the payment plan is in effect, until the balance is paid in full.

3) The fee structure is as follows:

- \$295 for 45-50 minutes (individual, couple, or family therapy)
- \$2,800 for five (5) Discernment Counseling sessions (paid in advance, or \$590 per session at the time of service)
- \$590 for Double Session and/or Intake (90-120 minutes)

****Special financial arrangements are to be evaluated every 3 months.***

If you are not paying by check or cash, please provide your credit card information below (encrypted and protected via Therasoft):

Credit Card Number: _____ Exp: _____ CVV: _____

For any billing-related questions or concerns, please contact Milena Skollar (see contact information above) or Kim Frey, our billing representative, at skollarmbilling@gmail.com. By signing this agreement, you give permission for Ms. Frey to manage your financial information and for either of us to communicate with third-party payers on your behalf regarding your account and services. Signing signifies agreement to the financial policy above.

Client/Responsible Party:

Print Name

Signature

Date