

Alliance Counseling & Coaching, LLC

Appointment Cancellation and Bill Payment Policy

Cancellation Policy:

All appointments scheduled must be canceled or rescheduled with 24-hours notice to avoid being charged a **\$125.00 cancellation fee**. We are not able to bill your insurance company for any missed appointments. Unavoidable circumstances may warrant special consideration, but please note that the above charge will apply to most cancellations.

_____ (Initials)

To cancel or reschedule an appointment, please call 815-467-8181 or your therapist's cell phone number if one was provided to you. Calls left on the voice mail will be logged as the time they come in. Thank you for understanding the importance of keeping your appointment.

Bill Payment Policy:

The Therapists at Alliance Counseling & Coaching, LLC are independent professionals and are paid only when insurance, co-pays and co-insurance are paid. _____ (Initials)

It is our policy that a credit card is left on file with our office.

I authorize any remaining balance on my account once payment/EOB is received from my insurance, to be charged to my credit card _____ (Initials)

Credit cards that we accept are:

____ Visa ____ Mastercard ____ Discover ____ American Express

Credit Card # _____ Expiration Date _____
Security Code _____ Name on Card _____ Billing Zip Code _____

Charges credited to your account will not exceed \$200.00. Anything over this amount we will contact the individual responsible for the account.

Party Responsible for Credit Card _____ Best Phone # _____

I give consent for Alliance to contact the cardholder regarding credit card or billing issues.

Client signature: _____ Date: _____

Counselor: _____