

Alliance Counseling & Coaching, LLC

Appointment Cancellation and No Show Policy

Insurance companies do not cover sessions that were scheduled, but not kept. When you make an appointment you are reserving time on the therapist's schedule that is no longer available to another client. **If you need to cancel, a 24 hour notice is required. Failure to do so will result in a fee of \$125.**

To cancel or reschedule an appointment, please call 815-467-8181 or your therapist's cell phone number, if one was provided to you. The time a voicemail is left will be noted.

Bill Payment Policy

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

I understand that Copays or Self-Pay fees are due at the time of service.
I authorize any copays and remaining balance on my account, once payment/EOB is received from my insurance, to be charged to my credit card. Charges will not exceed \$250 in one week. The individual responsible for the account will be contacted for anything over this amount.

_____ (Initials)

Name on Card: _____

Credit Card #: _____

Expiration Date: _____ **Security Code:** _____ **Billing Zip Code:** _____

Party Responsible for Credit Card: _____

Best Phone Number: _____

Email for Credit Card Receipts: _____

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

Client signature: _____ **Date:** _____

Print Client Name: _____