

Light Counseling, Inc  
2811 Linkhorne Dr. Suite B  
Lynchburg, VA 24503  
**PAYMENT POLICY**

CLIENT'S NAME: \_\_\_\_\_

*\*Please read carefully and sign below:*

- I understand that my payment/co-payment is expected at the time of service.
- I understand that insurance policies are an arrangement between the insured and the insurance company, and that Light Counseling files insurance and/or bills other third party payers as a courtesy to clients. I understand that the benefits quoted by the insurance company are not a guarantee of coverage or payment and that ultimately I am responsible for any unpaid balance.
- I understand that call to my counselor should be limited to emergencies. Calls for advice, counseling, or similar reasons are not considered emergencies. Your counselor may not be able to return your phone call until the end of the day or until the next day. I understand that I will be charged for calls in excess of 10 minutes. I further understand that "phone therapy" is not a sanctioned form of treatment, and as such is not insurance reimbursable. There will be a \$65 charge for each half-hour increment and payment is due at the time of your next appointment.
- I understand that if I late-cancel my appointment (not within the 24 hour cancellation policy), or if I do not show up for my appointment that I will be charged \$65. I also understand that this charge is not covered by my insurance policy, and payment will be due at the time of your next appointment, or when you receive your bill, whichever comes first.
- I also understand that delinquency in payment may constitute termination of services until such payments are made current, that delinquent accounts will be forwarded to a collection agency, and that I will be responsible for additional charges assessed should litigation be necessary to collect any portion of my unpaid balance.
- I understand that if my payment is returned for "insufficient funds", I will be responsible for the reimbursement of any additional charges incurred by Light Counseling.

I have read the above and agree to the terms and conditions set forth. We invite you to discuss with our billing/insurance staff any questions you may have regarding fees and payments. Please note that your counselor is not responsible for this area of services.

\_\_\_\_\_  
Client's Signature (If 18 or older) or OTHER Guarantor's Signature

\_\_\_\_\_  
Date