DIANE CAROLAN-STEGMAN
PSYCHOTHERAPY LLC

FINANCIAL POLICY

We consider it a privilege to serve as one of your health care providers. Payment is due at time of service. If you choose to use your insurance benefits, you will be responsible for calling them to obtain accurate information regarding any deductible and copayment. Reimbursement rates vary for non-participating providers. If you choose private pay versus using insurance benefits, you retain more control over the privacy of your medical record.

Fees:	Initial Intake Assessment	55 min.	$ 120.00
	Individual Psychotherapy Session	55 min.	90.00
	Couples/Family Psychotherapy Session	55 min.	90.00

Payment by Credit Card, HSA, or Cash at time of service. Credit card will be kept securely on file and will be charged for the full session in the event of a no-show or cancellation without 24 hr business day notice. Please give as much notice as you can if needing to cancel your appointment in order to free that slot for another client who may need service.

INFORMED CONSENT FOR TREATMENT

The undersigned client consents to and authorizes services by Diane Carolan-Stegman, ACSW, LSCSW, and has been informed of the privacy practices of this office. Scope of practice includes assessment, counseling, and psychotherapy services. The client understands that he/she may withdraw consent at any time or be referred to another professional if requested.

I have read and understand the above Financial Policy. I agree to the stated terms.

I have read and understand the Informed Consent for Treatment and agree to receive services from Diane Carolan-Stegman ACSW, LSCSW.

Client Name: (please print) _____ Date:

Client Signature: _____