

DIANE CAROLAN-STEGMAN
PSYCHOTHERAPY LLC
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(913) 353-4302

FINANCIAL POLICY

It is a privilege to serve as one of your health care providers. Payment is due at time of service. A credit/debit card will be taken during the initial session and kept securely on file. The card will also be charged for any out-of-pocket expenses, such as deductible or copayments. It would also be charged in the event of a no-show or late cancellation (less than 24 hour business day notice). If you choose to use your insurance benefits, you will be responsible for calling them to obtain accurate information regarding deductible status and copayments.

In accordance with the Federal No Surprises Act of 2022, the following represents our Good Faith Estimate of the cost of psychotherapy services. These fees will not change without advanced written notification and verbal communication to the client.

Fees: Initial Intake Assessment	60 min.	\$150.00
Individual Psychotherapy Session	60 min.	125.00 Each
Session		
Couples/Family Psychotherapy Session	60 min.	125.00 Each
Session		
Late Cancellation or No Show		125.00 Each
Session		

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY. I AGREE TO THE TERMS STATED.

Client Name: (please print) _____ **Date:**

Client Signature: _____