

Financial Contract

If I have insurance, I agree to pay all co-pays at the time of my visit, and I will ensure that my insurance is up-to-date before my actual therapy session. I will notify my therapist or the receptionist of any changes in my coverage or policy.

If I do not have insurance, I understand my fee will be based on the Hamon Group's sliding fee scale, which is based on my income. Please note: We offer sliding fees to make therapy more affordable to our clients. Also, I realize I must provide a copy of last year's W-9 form so my income can be verified before I receive therapy services.

Fees . . . All fees are due at the time of service.

Cancellation policy . . . I ask for a 24-hour notice of cancellation of a scheduled session. Your appointment is very important to me and your appointment is reserved for you and no one else. Should you need to cancel, please call 24 hours ahead of time to allow someone else to take your time slot. Other clients will appreciate your releasing this time for them. Without a 24-hour notice of cancellation, you will be charged a no-show fee of \$50.00 for your missed appointment.

Please Sign below . . .

I have read and understand the financial contract, and I agree to the contract.

Responsible party signature: _____

Date: _____

Witness signature: _____

Date: _____

*Thank you for choosing me to provide your counseling and therapy needs.
I look forward to serving you.*

*The Hamon Group, LLC
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