

Door of Hope Counseling

1201 N Watson Road Suite 177

Arlington, TX 76006

(817) 360-2450

Cynthia A. Thompson, M. Ed., LPC-S

APPOINTMENT POLICY

Your Appointment

Your appointment time is important. Please arrive to your appointment on time in order to maximize the quality of your service. Sessions are 45 minutes to one hour.

Cancellation

Due to increased late cancellation, no-show/no-call and missed appointments, it has become necessary for me to implement a late cancellation or missed appointment policy.

Counseling appointments are in high demand and our client-therapist relationship should be built on mutual respect. Evening appointments are especially in high demand. I understand that there are sometimes barriers to keeping scheduled appointments. I have the expectation that you will respect this policy as I will respect your time.

24-hour advance notice is expected if you are unable to keep your appointment. You may leave a voice mail or text. My scheduling software automatically sends a text reminder of your appointment 24 hours in advance to the cell phone number you have provided.

If you do not call to cancel or reschedule your counseling session at least 24 hours in advance or if you fail to show for your scheduled counseling session, you will be assessed a \$50 no-show fee. This fee is due prior to scheduling a subsequent counseling appointment.

Late Arrival

If you are more than 15 minutes late for your appointment without calling, you will not be seen. You may reschedule your appointment.

Missed Appointments

If you miss more than three appointments, your ability schedule subsequent appointments may be discontinued.

Payment

Fees (self-payment, co-payment) are expected at the beginning of your session.

Other third-party methods of payment are to be arranged in advance by you through the funding source. Please confirm with your funding source that you are eligible to receive assistance for counseling services.

I have read and understand policies relating to my scheduled appointments.

Client Signature/Date

Therapist Signature/Date

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Assignment & Release of Insurance Coverage

Insurance Assignment

I have insurance coverage with _____ (Name of Insurance Carrier) and assign directly to Door of Hope Counseling (Cynthia Thompson) all counseling, /behavioral health benefits, if any otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the counselor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submission.

CREDIT CARD GUARANTEE FOR PEROSNAL BALANCES

Insurance Clients - The insurance assignment program is designed to keep your out of pocket expenses at a minimum. As a courtesy to you, I will bill your health insurance carrier on your behalf and wait up to 60 days for payment. Please remember however that you are ultimately responsible for payment. If payment is not received, I will charge the full fee for services to your credit card.

Uninsured clients - Client who are uninsured or whose insurance does not cover the cost of mental health counseling due to high deductibles or other limitations are personally responsible for payment. Any balance not paid by the end of the week will be automatically charged to your designated card below.

Card Type: AMEX VISA MC DISCOVER

Cardholders Name: _____

Billing Address: _____

Zip Code: _____

Card number: _____

Expiration Date: _____/_____/_____ CID: _____

I agree to the above terms and authorize Door of Hope Counseling to charge any delinquent payments including Late Cancellation and No-show charges to the above credit card.

Client Signature/Date

Therapist Signature/Date

