

STEPHANIE COKER, LCSW, LCDC
COKER COUNSELING AND LIFE COACHING, PLLC
860 HEBRON PKWY., STE 803, LEWISVILLE, TX 75057 - 972.318.9272

PAYMENT POLICY AND CREDIT CARD AUTHORIZATION FORM

FEES, APPOINTMENTS AND CANCELLATIONS: The standard meeting time for Psychotherapy, Counseling and Coaching is 50 minutes: 45 minutes for therapeutic work and about 5 minutes at the end of the session for scheduling. My fee for Counseling/Psychotherapy and Coaching Sessions (50 minutes in length) is \$140.00 per session. The standard meeting time for Intake and Assessment Sessions is 90 minutes in length: 80 minutes for therapeutic work and about 10 minutes for scheduling. My fee for Intake and Assessment Sessions (90 minutes in length) is \$210.00. Requests to change the length of time of a session need to be discussed in advance. Additional time for sessions is charged in 15 minute increments. As your therapist, it is my responsibility to keep track of the time and notify you during the session of when our time is nearing the end (usually at 45 minutes), and if possible within my schedule, give you the option of extending the session. If that is not possible, we can schedule an additional full session (50 minutes). Sessions that begin late incur the full session fee as the time has been set aside for you. Payment for the full session is due at the conclusion of each session. Credit cards, cash or personal checks (made to Coker Counseling and Life Coaching, PLLC) are acceptable forms of payment. If payment cannot be made at the time of service for any reason, the therapist reserves the right to deny future appointments until payment has been received. Credit cards on file will generally be charged that same day of service, or up to 7 days after service.

MISSED APPOINTMENTS POLICY: In the event you will be unable to keep an appointment, please notify me immediately by voice mail or text at (972) 318 9272. You will be responsible for the entire fee if cancellation is less than 24 hours from the time of the start of the session. Missed appointments or cancellations without 24 hour notice will be charged the full session fee. As a convenience to you, you may provide your credit card information and authorization to remain on file so as to avoid the standard billing and collections process.

PAYMENT POLICY: Payment for the full session fee is due at time of service. If payment cannot be made at the time of service for any reason, the therapist reserves the right to deny future appointments until payment has been received. Payment may be made by cash, check or credit card. Credit card information is kept on file as part of the client record and can be used to pay for regular session fees. It is the card holder's responsibility to provide updated information, such as expiration date.

ACKNOWLEDGMENT:

I acknowledge that I have read and understand the Payment Policy and the Missed Appointment Policy and would like to authorize my credit card for use for regular session fees or in the event of a missed appointment or late cancellation. I understand that if I miss an appointment or cancel an appointment with less than 24 hours notice, my credit card will be charged manually.

Client/Responsible Party Name (printed)

Client/Responsible Party Signature

AUTHORIZATION:

This form authorizes Stephanie Coker, LCSW to keep the credit card information below on file and manually charge the full session fee to this credit card number for regular sessions, or if I forget payment at the time of service, or do not cancel a scheduled appointment within 24 hours.

Name on Card: _____ Card Number: _____

Expiration Date: _____ 3 Digit Code on the back of Card: _____

Credit Card Holder Billing Address & Phone Number:

Street: _____ City: _____ Zip: _____ Phone: _____

Credit Card Holder Name (printed)

Credit Card Holder Signature

Date