

**Cinda Hardin, M.S., M.Ed., LPC, LAC**  
**Licensed Professional Counselor, Licensed Addiction Counselor**  
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**FINANCIAL CONTRACT FOR INSURANCE**

**Standard Therapy Fees** - I understand that I am legally responsible for payment for my psychotherapy services, if, for any reason, my insurance company, HMO, third-party payer, etc. does not compensate my therapist. I also understand that signing this form gives permission to my psychotherapist to communicate with my insurance company, HMO, third-party payer, biller (Webility), or anyone connected in my psychotherapy funding sources. I understand that if I default on this contract I could be held responsible for all costs that may incur during an attempt to collect the unpaid portion of this agreement. I also understand that I am expected to provide any copayment/coinsurance required by my insurance company at the time I receive such services. \_\_\_\_\_ **initial**

**Benefit Check Disclaimer:** While I try to be as accurate as possible when verifying benefits, your fees may change depending on your eligibility and benefits during the date of your sessions. This is an estimate as of today, and I won't know your exact fee until I bill your insurance and get your explanation of benefits back from your insurance company. You are also encouraged to call the number on the back of your insurance card and ask your member representative about your 'mental health, outpatient, office visit' benefits. \_\_\_\_\_ **initial**

**Missed or Cancelled Appointment Fees** - All appointments need to be cancelled by 3 PM the previous day (or 3 PM on Friday for a Monday appointment), to avoid charges for a "no show" or "late cancelation". I understand that I will be charged \$50 for any missed or cancelled appointments (emergencies, illness, or poor weather conditions can and will be negotiated with therapist and fees incurred will be left to her final discretion) and that my insurance company will not be billed for any missed or late canceled appointments. \_\_\_\_\_ **initial**

Please note that I am not a crisis therapist. If you have an emergency during the hours of 6:00 PM and 10:00 AM Monday through Thursday or on Friday, Saturday or Sunday then you will need to call the police (911), or go to your closest emergency room.

**Therapist Rights** – I understand that the therapist has the right to cancel appointments for any reason (including illness, emergencies, or poor weather). \_\_\_\_\_ **initial**

_____ Client	_____ Date
_____ Client Parent/Guardian	_____ Date
_____ Therapist	_____ Date