



165 Main St.
Cortland, NY, 13045
607-753-0234

201 Cedar
Oneida, NY, 13421
315-280-0400

10 Cambridge Ave.
Morrisville, NY, 13408
315-684-1172

257 Main St.
Binghamton, NY 13905
607-729-6206

Licensed Chemical Dependence & Mental Health Clinics

Counseling for Individuals, Couples and Families

CLIENT FEE POLICY

I understand that unless other arrangements are approved by Family Counseling Services, **I am required to pay my full fee for service at the time of each visit. If I do not pay at the time of my appointment, I understand that I will not be seen.** If I fail to provide the appropriate insurance and/or income information, I understand that I will be responsible for the full fee amount of \$140 per session.

I understand that I must provide insurance information before my second session so that my benefits can be verified. If I do not provide the required information, I will be responsible for \$140 for my first session and \$140 for my second session or my appointment will be canceled. Once insurance is verified, my fee per session will reflect my approved co-pay or adjusted fee based on income information provided; whichever is lower. I will inform Family Counseling Services promptly of any insurance changes. If I do not give proper notification and this results in insurance denials, I understand that I am responsible for payment.

My fee will be \$140.00 per session. This fee is based on the income information I have provided to Family Counseling Services or any approved co-pays. I will advise Family Counseling Services if my financial/household circumstances change. If at any time I believe I am unable to afford my established fee, I may request an appointment with the billing staff to review my fee.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE FEE POLICY:

Client's Signature: _____

Date: _____

Parent/Foster Parent/
Guardian's Signature _____

Date: _____

Witness Signature: _____

Date: _____