Perlman Counseling and Supervision Services, LLC.
200 Atlantic Avenue
Suite R
Manasquan, NJ 08736

No Show/Late Cancellation, Returned Checks, & Co-payment Policy

1. I understand that if my personal check is returned to Perlman Counseling and Supervision Services, LLC. by the bank for any reason that I will be charged a fee of $30. Both my original payment and check fee will be payable in cash or by credit card. Any future payments that need to be made to Perlman Counseling and Supervision Services must be either in cash or credit card.

2. I understand that I will be charged a LATE CANCELLATION fee of $85 if I fail to give at least 24-hour notice prior to canceling my appointment at Perlman Counseling and Supervision Services, LLC.

3. I understand that I will be charged a NO-SHOW fee of $85 if I fail to show for my appointment at Perlman Counseling and Supervision Services, LLC.

4. I understand that I am responsible for knowing my co-payment amount and deductible amount. My

   co-payment amount per session is ______; my deductible amount per year is ___________. Have

   you met your deductible for this year? □YES □ NO

   If no, how much more do you have to pay towards your deductible? _________________

5. I understand that these charges are an out of pocket expense and that my insurance carrier will not cover these charges.

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Patient (Print)

____

Signature of Responsible Party

____

Date

____

Reviewed by

____

Date