

Financial Policies & Procedures*

In order for you to be treated at Dynamis Counseling, LLC we request that you sign and agree to this form

PAYMENT POLICY

Session fees are due at time of session unless prior arrangements have been made. If you are needing your payment collected at an alternate time or date, that must be communicated with our billing team. Please send an email to paytonb@dynamisaz.com.

Clients are required to have a valid credit or debit card on file at all times.

All clients are responsible for a \$2.25 credit card processing fee per transaction. This fee is non-refundable.

FEES FOR SERVICE:

Rates for clients pursuing treatment with insurance coverage are established by your insurance company.

Regardless if you are self-pay or using insurance benefits, you may incur out of pocket charges that are not eligible for insurance coverage – these are indicated with an asterisk* in the table below.

RATES:

*Late Cancellation/No Show: \$105

Assessment and Psychotherapy: \$140 per session

If this rate causes you financial hardship, you may qualify for a discounted rate by completing a sliding scale application. Notify our administrative team if you would like to apply for a sliding scale.

*Emergency Correspondence/Care Coordination: \$140/hour, prorated at \$2.30/minute accordingly

(Charges begin after 10 minutes)

*Documentation Preparation: \$25 to \$140 depending on document detail

*Credit Card Processing Fee: \$2.25 per transaction.

OUTSTANDING BALANCES

To ensure compliance with our contracts with insurance payers, Dynamis Counseling, LLC reserves the right to place a hold on your ability to schedule therapy sessions if outstanding balance exceeds \$100, or your respective session responsibility x3, whichever total is lower.

In the case the default card shows any error message and there is an alternate card on file, Dynamis Counseling, LLC will attempt to collect from the alternate card.

DISPUTES

Dynamis Counseling, LLC and any of its representatives are committed to honoring financial respect, transparency, and communication. You have access to all invoices created to collect any payment in your secure client portal; you are welcome to request statements and superbills at any time. For these reasons, disputes are not tolerated and will be considered a breach of the therapeutic trust and rapport creating cause for immediate discharge from treatment.

BY ELECTRONICALLY SIGNING THIS FORM:

I authorize charges to credit card(s) on file through Stripe via SimplePractice. These charges will appear on my bank/credit card statement as Dynamis Counseling, LLC. I understand I have access to all paid invoices through my client portal and can request an emailed statement.

I agree that my credit card can be charged for any session that is not cancelled at least 24 hours prior to the scheduled session, per the Dynamis Counseling, LLC late cancellation policy.

I understand that this authorization will remain in effect until I cancel it in writing.

I affirm the credit card I have uploaded is mine and understand it is fraudulent to utilize another person's credit card without their permission.

I certify that I am an authorized user or owner of this payment card and will not dispute any transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form.

I acknowledge that credit card transactions could be linked to Protected Health Information.