

Kindred Counseling, PLLC
Brittini Fudge, MC, NCC, LPCC
hello@kindred-counseling.com
303-868-4207

Payment Policy/Credit Card Authorization Form

Payment and Insurance: I currently do not accept insurance. An individual 50 minute session is \$140; while a couples session is \$150.

Please initial _____

Out of network Insurance: I am considered out of network and my fee is \$140 for a standard 50 minute session. Full payment must be made at the conclusion of each session. I suggest reaching out to your insurance policy to inquire about benefits and coverage. I will provide a receipt that you can submit for reimbursement. I accept credit cards, cash, or checks made to Brittini Fudge.

Please initial _____

Other Fees: Paperwork charges are \$60 for complex paperwork and \$20 for simple paperwork. Copying charge for records is \$50.00. Court appearance charges start at \$500 and increase depending on time spent in court and client scheduling time lost. Please discuss cost of these and other services with me.

Please initial _____

Cancellation policy: All appointments not canceled 24 hours in advance will be billed at the full session fee.

Please initial _____

Travel Fee: A travel fee of \$50 will be charged for in-home sessions outside of a 10 mile radius of 80238 for in-home or Walk+Talk sessions.

Please initial _____

Other: A \$25 fee per check will be charged for return checks. Missed appointments, disability evaluations, court ordered evaluations, completion of forms for attorney or employers, court appearance, copies of records, letters, or any other type of reports are not covered by your insurance and the charges associated with them are your responsibility.

Please initial _____

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All clients are required to provide a credit card number to keep on file in the case of **missed appointments, late cancellations, or balance charges due to ineligibility of insurance**. This information is kept in a confidential file that is **locked at all times**. If you “no show” or cancel your appointment without 24-hours notice, the \$75 missed appointment fee will be charged to your card. Please note that insurance companies do not reimburse for missed appointments.

I hereby authorize Kindred Counseling, PLLC to charge my credit card as follows:

Card type (circle) MC Visa Amex

Name on Card _____ CC number _____

Exp Date ___/___/___ CVC code (on back of card) _____

Address on file for card _____

City _____ State _____ Zip _____

I have read, understand and agree to the above fee payment and credit card policy for services provided by Brittini Fudge, MA, NCC, LPCC.

Signature

Date