

Monica Levine LICSW/CST
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90 Conz St.
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Practice Policies

1. T herapy session fees and co-payments will be collected at the time service is given.
2. I f extended telephone contact is necessary, it is billed at the regular session rate for 30 minutes to 60 minutes of time.
3. W hen insurance companies refuse to pay for a claim, the client is responsible for the full fee.
4. C l ients are required to to give 24 hours notice for a cancellation. (Please see attached policy statements).
5. C l ients are responsible for payment of a no show fee. (Please see attached policy statements).
6. C l ients are not required to pay for no shows when there is an emergency situation.
7. A collection agency may be used to assist the therapist in collecting unpaid fees owed by the client.
8. P lease notify me at least 2 weeks prior to your vacations so that I may make schedule changes. I will notify you of weeks I will be away as well.

I accept and understand the agreements stated above.I agree to these policies and take full financial responsibility during my time working together.

Client _____ Date _____