



# COHESION INTERVENTION SERVICES

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## Payment Policy

**Please review this notification and sign below to indicate that notification has been received.**

Sessions are 50 minutes each.

No-show fee applies if less than 24 hours is given for canceling session. This does not apply to sickness.

Payments for service are due at time of service. Payments may be made via check, cash or credit card. Receipt provided upon request.

It is our aim to not allow balances to accrue. If a balance is left outstanding for more than 60 days, it may be sent to a collections agency. In this incidence, a collection fee of \$300.00 per case for all collection attempts for time incurred. Additionally, a fee of 3% of entire balance will be added per month. Collection agency fees will also be the responsibility of the client to reimburse.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

If you wish for us to keep a credit card on file for convenience, please indicate by completing the information below. Credit card information is disposed of after completion of counseling.

Card Type: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_