

Will Davidson, LMHC Counseling Services

9 Cedar St, Worcester, MA 01609

508-963-0805

Policies

Direct Payment

The current fees for treatment are \$125.00 for a Diagnostic Interview/Initial Evaluation, \$100.00 for Couples/Family Therapy, and \$75.00 for individual Psychotherapy.

Payment is expected at the time of service unless prior arrangements have been made and agreed upon. If you are currently experiencing financial hardship, I offer a sliding scale. Payment can be made by cash, credit/debit card or money order.

Insurance

It is your responsibility to know the limits of your insurance benefits found in the "Outpatient Behavioral Health" provisions of your policy. Please make sure to contact your Insurer for their specific procedures regarding pre-authorizations of visits. Each plan is different in their pre-authorization requirements. Sessions that have not been pre-authorized become your financial responsibility.

Appointments and Cancellations

Appointments are generally 45 minutes in length (as set by insurers). Since an appointment time is specifically set aside for you, I must ask that you provide 24 hours notice if you will not be able to keep your appointment. If you do not attend your appointment and have not provided 24 hour notice, I reserve the right to charge a \$30.00 cancellation fee. Please be aware that your insurance carrier will not reimburse this fee. Since your time is as valuable as mine, I will contact you should I need to cancel an appointment due to illness, weather, or unexpected emergency.

Telephone Calls and Emergencies

I check my confidential voicemail several times per day. You can reach me anytime between 9am to 9pm for normal business and for emergencies 24/7. If I will be unavailable for an extended period of time, I will provide the contact information on my voice mail greeting for another licensed clinician who will be covering emergencies while I am away. **In the event of an imminent, life threatening emergency, please call 911.**

I have read, received and understood the above policies

Client or Legal Guardian _____ Date _____

Witness _____ Date _____