

Jenny Potzler
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FINANCIAL POLICY

Jenny Potzler, M.F.T., is committed to providing caring and professional mental health care to all of her clients. As part of the delivery of mental health services she has established a financial policy which provides payment policies and options to all consumers. The financial policy is designed to clarify the payment policies as determined by Jenny Potzler.

The person obligated to pay for the client is required to sign this form. Your insurance policy, if any, is a contract between you and the insurance company. I am not part of the contract with you and your insurance company.

My policy for payment is as follows:

- **My fee per hour is \$135 for 60 min if paid at time of service.**
- **You may request a 90 min. session for \$202.50**

I do not bill your insurance provider for you but will provide you with a “super-bill” with all the necessary information needed. I will give this to you at the end of each session. You can submit these “super-bills” to your insurance provider as you determine-after every session or monthly or what is most convenient for you.

- Clients are responsible for payments at the time of services. The adult accompanying a minor (or guardian of the minor) is responsible for payments for the child at the time of service
- **Missed appointments or cancellations less than 24 hours prior to the appointment are charged at a rate noted in the Payment Contract for Services.** The appointment time we have agreed upon is set aside for YOU. If you cancel prior to 24 hours that hour goes unused. Emergencies do occur and in the event that you must cancel an appt. you will not be charged for a missed appointment **if you are able to reschedule another appointment time in that same week.**
- Payment methods include checks and cash or credit card
- **Preferred method of payment (please circle one): credit card check cash**

CREDIT CARD INFORMATION

The undersigned hereby authorizes Jenny Potzler to charge my credit card (provided below) for the amount of any balance remaining at the end of each billing period. If payment by check is the preferred method agreed upon, the following card will only be charged if there is an outstanding balance of more than 30 days after issuance of an invoice.

A current credit card number must be on file at all times, regardless of your preferred method of payment. Your card will not be charged if you choose to pay by check at the time your payment is due. If credit is your preferred method of payment, your card will be charged at the end of each session for services rendered. All paid invoices are emailed to the card holder at time of charge.

Credit Card to remain on file is:

1. Please circle: MasterCard Visa

2. Card Number: -

3. Expiration Date:

4. Security Code:

5. Name as appears on the card:

6. Billing Address with zip code:

7. Signature of card holder:

Payment by Check

All payments by check must be submitted by the 10th of the month following receipt of an invoice. All invoices are for services rendered the previous month and payment will be considered late if not received by the due date posted. All invoices are mailed at time of billing cycle.

The Undersigned understands and agrees to be bound to such agreements as outlined in this document. Please provide your signature below. If there is more than one adult participating in treatment, both must sign below.

Signature: _____ *Date* _____

Print Name _____

Signature: _____ *Date* _____

Print Name: _____

Questions regarding the financial policies can be answered by your therapist.