



# FINANCIAL POLICY

**Calvary Counseling Center**  
9300 Forest Point Circle  
Manassas, VA 20110  
Phone: 703 530-9800  
Fax: 703 530-9805

[www.calvarycounselingcenter.com](http://www.calvarycounselingcenter.com)

I understand that I am directly and fully responsible to Calvary Counseling Center for all services rendered to me and/or members of my family by Calvary Counseling Center. I further understand that such payment is expected when services are rendered and is not contingent on any settlement, judgment or insurance payment by which I may eventually recover said fee. Calvary Counseling Center will provide me with receipts, which I can file with my insurance company for reimbursement consideration.

I understand that all services rendered by Calvary Counseling Center are final and non-refundable.

I understand that all diagnoses and opinions in reports and/or evaluation assessments are offered with a reasonable degree of psychological certainty.

I understand that all fees are non-refundable and/or transferable.

I understand that no show fees and cancellation fees are \$65.

I have read the above and understand my responsibilities in each instance regarding payment of services rendered.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Printed Name: \_\_\_\_\_

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I have read the above and understand my responsibilities in each instance regarding payment of services rendered.

Patient/Responsible Party's Signature: \_\_\_\_\_

Patient/Responsible Party's Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**NOTE: It is our policy to charge for telephone consultations lasting more than 5 minutes. The charge will be pro-rated on base rate of \$125/hour. Cancelled phone or office appointments with less than 24 hours notice and all no-shows will be charged \$65.**