**Thrive Family Co.**

**Sian Trombley, CCC, B.Ed.**

**Billing/Payment Policy**

| Client Name: | DOB: | Today’s Date: |
| --- | --- | --- |

**Thrive Family Co.** is dedicated to providing you with high quality mental health care.

Unfortunately, counselling is not covered by our BC Health Care Plan. However, you may be able to get a few sessions of counselling covered through your extended health benefit plan at work. It is important to check with your specific extended health plan insurer to determine whether they will cover “Clinical Counsellors” or “Registered Counsellors” who have a Masters degree in Counselling Psychology.

If your plan states it will only cover Registered Psychologists then you can contact them directly and explain that it is important for you to see a Registered Counsellor and sometimes they will allow for this exception.

Insurance plans differ greatly so it is your responsibility to ensure that you will be reimbursed if you plan on claiming your counselling sessions. Counselling is considered a medical expense for Revenue Canada.

Sian Trombley is a Registered Clinical Counsellor so you may be eligible for reimbursement through third party coverage. You may wish to check into some of these possible sources of third party coverage:

* Employee and Family Assistance Programs
* Extended Health Insurance
* ICBC

Clients are required to pay for each session 48 hours before the session to confirm it. Unconfirmed sessions will be offered to waitlisted clients. Therapy fees are **$150**per hour session. Client is responsible for report writing fees at the fee of $150 per hour. Client is responsible for any court fees incurred. A refund payment is issued when an overpayment has been identified. If a client feels a refund is due, contact **Thrive Family Co.**.

Acceptable methods of payment are e-transfer to [therapist@zenkids.ca](mailto:therapist@zenkids.ca).

Clients are required to attend one session monthly to remain active on the caseload. A client may discontinue services at any time, and by signing this document the client agrees to pay all outstanding balances associated with their account by the statement due date.

**Cancellation/No Show Policies**

**CANCELLATION OF SCHEDULED APPOINTMENTS MUST BE DONE 2 BUSINESS DAYS PRIOR TO APPOINTMENT.**

**THERAPY:** If the 2-business day cancellation requirement is not met, a **$75** “Late-Cancel” fee will be assessed.If a client is able to reschedule the missed appointment within the same week, fees will not be assessed. “No-Shows” will result in a **$150 fee** and all future appointments may be canceled.

If two therapy appointments are missed, either by “Late Cancellation” or “No-Show”, all future appointments may be canceled. If recurring appointments are canceled, it is the client’s responsibility to make contact with their therapist, and to present a plan to reestablish services, which initially may be done on a “same-day” appointment basis, per the availability of the therapist and clinical necessity. Termination of services may also be considered by the therapist.

**Written Acknowledgement of Billing & Cancellation Policies**

I have read this document and it has been explained to me. I understand and agree to the terms.

Check One Box For Payment For Service (check one)

Acknowledgment of Policy(initial ALL indicating your understanding)

\_\_\_\_\_\_\_\_\_ I understand that reminder notifications for ongoing sessions are a courtesy and will be made via email or text messaging. I understand that I am responsible to remember and attend my scheduled appointments.

\_\_\_\_\_\_\_\_\_ I understand **Thrive Family Co.** cancellation/change policies and agree to provide the required notification if I must cancel/change my appointment.

\_\_\_\_\_\_\_\_\_ I understand that if fees are not paid in full, treatment sessions may be postponed or canceled until payment is received.

\_\_\_\_\_\_\_\_\_ I understand that court fees and report fees are to be paid by client.

**I have read this document and it has been explained to me. I understand and agree to the terms. My signature below means that I understand and agree with all the points above.**

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Client Signature Date Print Name

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Parent/Guardian Signature Date Print Name

(if client is a minor)