

Office Procedures

The following procedures delineate my responsibility to you the client and your responsibility for your care. By signing this form you agree to follow these procedures. It is my intention that this will enable me to provide the highest quality of care to all of my clients.

Length of Appointment

Each session is 55 minutes, to allow for a smooth transition between clients. Please be courteous of your appointment time. Please understand that I do my best to start and end on time. If a client is in distress or has an emergency I may run over 5 to 10 minutes. If this occurs, I will adjust our time accordingly. Sessions that exceed 55 minutes will be charged accordingly.

Fees

All fees are payable at the time of service. Ascend accepts cash or check, not credit card.

Phone calls

I am available for brief phone consultations with you and your doctor (with signed release). I do this as a courtesy to my clients, therefore there is no charge for brief phone consultations. Please confine phone calls and messages to between 8am and 7pm Monday through Friday unless you are experiencing a true emergency.

Missed Appointments

Missed appointments, those not cancelled with 24 hour notice, will be charged in full.. I usually have a waiting list and your timely notice of cancellation is imperative so I can fill your time slot for a client in need. Please be responsible about writing down and remembering your appointment time. I have appointment cards in my office for your convenience.

Parking

Please do not park anywhere near my mailbox. This blocks the bottom of my neighbor's driveway.

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Financial Responsibility/Insurance

I am out of network for all insurance plans. Parents paying for children are responsible for keeping track of payments due on balances. As a courtesy, we will verify your insurance coverage. However it is your responsibility to know your insurance coverage (deductibles, co-pays, pre-certification requirements, claim form completion, and claim submission timeframes) and to follow up with your insurance company for reimbursement. If questions arise about reimbursement, please contact your insurance company directly. It is your responsibility to seek reimbursement from your insurance company throughout the course of treatment. We will provide you with receipts that you can forward to your insurance company.

My signature indicates that I have read and will comply with these office procedures.

Signature

Date