

Office Procedures

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

Length of Appointment

Each session is 50-55 minutes, to allow for scheduling and a smooth transition between clients. Please be courteous of your appointment time. 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 50-55 minutes will be charged accordingly.*

Fees

All fees are payable at the time of service. Ascend accepts cash or check, or you may pay on Pay Pal with a flexible spending or credit card. Credit cards pay incur an additional service fee.

Receipts

We will not automatically issue receipts. If you require a receipt, *please request this at your first session. It is your responsibility to ask for your receipt after each session.*

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 and Late Cancellations

I require 24-hours' notice for any cancellations. You will be charged in full for no-shows and cancellations with less than 24 -hours' notice. Emergencies due to weather or illness will be decided on a case-by-case basis.

If you are cancelling on the day of your appointment for any reason, please call or text my cell 484-947-6436 and e- mail me at Marjorie@ascendconsulting.net.

When you cancel an appointment without 24- hour notice or do not arrive for your scheduled appointment, *three people are affected:*

You, because you do not make the progress you could.

Another client who could have been scheduled during your unused hour.

Me, the therapist, whose time is compromised.

Marjorie R. Johnson, LCSW, PCC

610-696-4443

Marjorie@AscendConsulting.net



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www.AscendCounselingPA.com

Please be responsible about writing down and remembering your appointment time. I have appointment cards in my office for your convenience.

Parking

Please park on the street. Please do not park anywhere near my mailbox: this blocks the bottom of my neighbor's driveway.

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. 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. I am happy to provide you with receipts with proper codes that you can forward to your insurance company. Remember to ask for your receipt!

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

Signature

Date