

### **Billing Policy**

#### Rates and Insurance

Intake Session (60 minutes) \$220 Individual Counseling Session (45 minutes) \$180 Victress accepts Blue Cross Blue Shield, Aetna, United and Cigna PPO plans.

For your convenience, Victress can bill your insurance directly. Please have your insurance information available for the first appointment.

**Please note:** it is the responsibility of the client to know insurance status and to provide any updated policy information during the course of the therapy relationship.

Clients should consult their insurance companies regarding co-pays and deductibles, as well as how many sessions will be covered; this information will prevent you from incurring unexpected charges that you will be responsible for in full.

# **Payment**

#### Statements and Invoices

A credit card is required to be kept on-file. The provided card will be run on the first of each month to pay your balance in full. All payments are due 30 days from the statement date.

If for whatever reason your card on file does not process, invoices over 30 days will incur a late fee of \$25 per month. Payments can be made by visiting <a href="www.inboxhealth.com">www.inboxhealth.com</a>, by Zelle (<a href="mailto:info@victresswellness.com">info@victresswellness.com</a>) or by phone at <a href="mailto:708-428-2527">708-428-2527</a>. Thank you for your prompt payment.

Legal Notice: if payment for services is not received and legal a	action is
taken, client will be held liable for any associated fees.	

## **Cancellation Policy**

If you are unable to attend a session, please make sure you notify our office at least 24 hours beforehand by calling or texting (708) 428-2527. Missed appointments with late or no notice will incur a \$100 charge. A credit card, to be held on file, is required at the first appointment. No-show or late notice fees will be automatically charged to this card. Thank you for your cooperation.

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Please	contact	us with	any	additional	questions	that you	may	have.	We
look fo	rward to	working	, with	n you!					

Please sign that you acle explained in this docum	U	and agree to the billing policy a
Client Signature	Data	
Client Signature	Date	