



1925 N. Milwaukee Ave.
Chicago, IL. 60647
773-249-2921

Artemis Counseling Financial Agreement

Thank you for choosing Artemis Counseling as your mental health care provider. Carefully review the following information, since your clear understanding of our financial policies is important to our professional relationship. Please inquire if you have any questions about our fees, policies and/or your responsibilities.

*****Please initial each item below and sign to indicate your understanding:**

- All payment is due in the form of cash, credit/debit, or Zelle/Chase Quickpay. This includes copays, co-insurance, deductible payments, and out of pocket fees. **All fees must be paid in full at the time of service.** We do not allow clients to carry balances. If you have outstanding unpaid fees, this may affect your ability to schedule future appointments. Initial here: _____
- **Missed appointments that are not cancelled or rescheduled at least 24 hours in advance may be subject to a late cancellation fee** and will be charged to your card on file. The late cancellation fee is \$100.00. Initial here: _____
- If you are using Blue Cross Blue Shield insurance to pay for sessions, Artemis Counseling will file claims on your behalf. If you would like to submit claims to out of network insurance providers, it is your responsibility to request a receipt of services from our office manager. Please be advised that your estimated eligibility and benefits are not a guarantee of coverage until the claim is processed. **Any fees not covered by your insurance company are your responsibility.**
Initial here: _____
- In the event that you have outstanding fees for services, these fees may be charged to the card listed below. Charges will appear on your card from Artemis Counseling. Initial here: _____

I authorize Artemis Counseling to charge the following card for payment of services rendered under the above conditions.

Signature of Client _____
Date

Client Name(s) (please also write name as listed on card if it differs from client name)

Credit card number

Expiration Date _____
CV2 Code (3 digit code on back of card) _____
Zip code on billing statement