



CLIENT CONTRACT

About Cancelled and Missed Appointments

Missed and short notice cancellations are taken very seriously. I understand that things come up which sometimes are out of your control which may prompt the need to cancel an appointment.

If you must cancel, 48 hours advance notice is required to avoid any financial obligation for that time slot. My preferred notification is by email to: **Mark@Mark-McMillan.com**. You can also send notification by voicemail or text message to: **248-907-0247**.

Failure to provide notice 48 hours in advance is considered the same as a missed appointment and will result in you being billed the full fee of your scheduled session: Individual: \$135
Couples: \$150

If our schedules allow for another appointment in the same week, you will not be responsible for payment for that missed appointment. Insurance reimbursement does not cover missed appointments. Payment in full for the missed appointment is expected at the next appointment.

An appointment reserves a time slot just for you. Please understand that without advance notice of cancellation I am unable to fill that time slot to serve the needs of another who desires or requires a counseling session. I appreciate your understanding and welcome any questions or discussions on the fee, if charged.

Client Signature:

Date:

Therapist Signature:

McMillan Behavioral Health and Addiction Services (MBHAS)
22007 Woodward Ave Suite One Ferndale MI 48220
Phone: 248-907-0247 Email: Mark@Mark-McMillan.com
Mark-McMillan.com



About Insurance Reimbursement

I will attempt to determine your insurance coverage, deductible and copay, however, **it remains your responsibility to ensure the information is accurate.** I can give you a good idea of eligibility and benefits, however I am not responsible for differences between what I quote to you as your eligibility and benefits (based on the website information) and what the insurance companies actually pay on your behalf. **YOU are responsible for reviewing your insurance policy statements and Explanation of Benefits (MBHAS).** It is also your responsibility to pay the McMillan Behavioral Health and Addiction Services if your insurance carrier declines payment. Payments are expected at the next session for any outstanding balances not reimbursed by insurance.

I also require a credit card to be kept on file with MBHAS so that I can collect any outstanding fees not reimbursed from insurance.

By signing this form, you are agreeing to allow MBHAS to bill your credit card for unpaid and missed session fees.

Client Signature:

Date:

Therapist Signature:

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