KUMMERLE PSYCHOTHERAPY PATIENT INFORMATION, BILLING INFORMATION, AND CONSENT FOR RELEASE OF INFORMATION Dirk Kummerle, M.Ed., MA., LMHC (Fl License #: MH 14736), CAP, C.C.D.T. Page 1 of 1

SCHEDULING* CANCELLATIONS*NO SHOWS* **RETURNED CHECK POLICIES**

CANCELLATION & NO SHOW POLICIES

This is an acknowledgement that you will be charged your regular session fee if you cancel within 24 hours of your appointment. A flat \$100 fee will be applied if your sessions are covered by insurance.

RETURN CHECK POLICY

An administration service fee of \$25.00 will automatically be applied for any check returned for non-sufficient funds. This fee may be changed at the discretion of this office.

*** Reminder calls are a courtesy we extend to our clients; however final responsibility is with the client for knowing when the scheduled appointment is.

***Additionally it is suggested the client know the number of sessions his or her insurance allows and how many have been used, either in this office or with another mental health provider.

***Also 2 hour sessions are not be covered by insurance.

I have read the above statements and any questions have been answered.

SIGNATURE_____ DATE_____