

**FINANCIAL POLICY**

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**David L Johns LMHC**  
465 Summerhaven Drive, Suite A  
Debary, FL 32713

**Below are the terms of agreement regarding payment for sessions with David L Johns LMHC.**

1. Session fees are based on a standard clinical hour, which is defined by insurance providers as 45-50 minutes face-to-face or telephonic contact with the therapist.
2. If you, the client, fail to appear for an appointment without a 24-hour notice of cancellation, appointment fees (\$50.00) will be charged and you will be responsible for payment.
3. If you are late to a session, that session will end at the time originally scheduled. Please arrive on time.
4. Services including phone calls, emails to other professionals, record reviews and professional report writing, consults at times other than the scheduled therapy session are the patient's financial responsibility. These services will be billed per quarter of an hour at \$35.00.
5. If applicable, you agree to authorize your health insurance or EAP to provide direct payment of benefits to David L Johns LMHC.
6. If applicable, you understand dates of services and diagnostic codes will be shared with your insurance company or EAP when necessary to process claims. No sensitive personal information will be released however.
7. If applicable, you understand you are responsible for full payment if your insurance company or EAP denies payment for any reason.

I have reviewed this document and understand the contingencies stated above.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date