



309 W Clark Street, Champaign, IL 61820

Bridging the Gap Program

Feedback and Follow up

We contact our clients via email surveys to ensure your needs are being met by your therapist and to problem solve any other issues that may interfere with providing services (such as finances or transportation). If you do not have an email address on file, please provide one or indicate here if you would rather have a phone call for follow up.

Please know that you can call and ask for our management team and speak confidentially to them any time you feel your needs are not being met.

Payment Policy

Due to the deeply discounted rate we offer with the Bridging the Gap fee schedule, we require payment in full for programs before services begin unless you have made other arrangements. We accept cash, check, credit or debit.

Your per session rate is established at \$_____ per session for _____ sessions.

Cancellation and Missed Appointment Policy:

We understand that emergencies arise. However, unlike a doctor's office (who overschedules so the physician is kept busy even with cancelled appointments) we take care to allow 60 minutes for every appointment (50 minutes with client + 10 minutes to process/documentation). This means that your therapist will be here, being paid, even if you do not show up.

"No-shows" -- will be charged \$_____. There is no exception for this and it will not be waived. Please initial that you have read this and understand it.

"Late Cancel" (less than 24 – 48 hours) will be charged \$_____. However we will credit one late cancel per calendar year to allow for any emergency or sickness.

If you miss more than two appointments your participation in the Bridging the Gap program will be reviewed and your discounted rate may be discontinued. We do this so we may offer the discount to someone on the waiting list.



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- I understand that I am responsible for late cancel and missed appointment fees.
 - I have also reviewed a copy of the "Notice of Privacy Acts" and a copy was made available to me.
 - I have been given a prepayment information form in order to provide my credit/debit card number.
 - I have been given a copy of the BTG Client Essential Information Form.

Your printed name (responsible party)

Client's printed name

Signature of responsible party

Date

Kevin Elliott Counseling, Inc. serves clients regardless of race, ethnicity, religion, gender, age, national origin, disability, sexual orientation, gender identity, gender expression, family responsibilities, marital status, or other unlawful factors.



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Credit Card on File or Prepayment on Account

We require a valid debit/credit card number on file to ensure shorter lines and a quicker check in process. We will also automatically process late cancelation charges and no show fees using the credit card information provided.

You may instead keep a prepayment of \$___ on your account that will automatically be applied to your account should you late cancel or not show up for your scheduled appointment.

For clients who would like to prepay, please be aware that once a prepay has been applied to your account for a late cancel or no show, you will be asked to make another \$___ payment in addition to any co-pay, co-insurance or deductible in order to bring your prepay balance back up.

If at the end of your treatment here, you have credit on your account it will be refunded to you by check to the address on file.

Please choose one of the following options:

Credit/ Debit Info:

Name on Credit card: _____

Credit Card Number: _____ -- _____ -- _____ -- _____

Expiration Date: _____

Signature of Client: _____

I'd like to add a prepayment of \$___ to my account using:

___ Cash

___ Check Check Number _____

By receiving treatment at Elliott Counseling Group you agree to the above terms and conditions and are giving us your consent to charge the credit/debit card listed on file for all appointment co-pays, co-insurances, deductibles or late cancels and missed appointment fees.

Your printed name (responsible party)

Minors printed name (if client is a minor)

Signature of responsible party

Date