

*Therapy for Children, Adults and Families, Inc.*  
821 Raymond Ave  
St. Paul, MN 55114  
[www.healingthroughlife.com](http://www.healingthroughlife.com)  
651-697-9981

Brenda Hartman, M.S.W., L.I.C.S.W.

### **Policy Guidelines and Services**

**Availability:** Session times and dates are arranged directly with therapist. Voice mail can be left and will be checked daily except on weekends and vacations. Leave your name, phone number and times you can be reached. If you need immediate assistance due to an emergency, call 911, your local crisis line or go to your closest emergency room.

**Cancellation Policies:** A 24-hour notice of cancellation is required. A \$75.00 fee will be charged if sessions are not cancelled prior to 24 hours. *The fee needs to be paid at the beginning or prior to the next scheduled appointment.* If a session can be rescheduled during the week of the late cancel/no show the fee will be waived. Insurance companies do not reimburse for late cancellations or failed sessions.

\_\_\_\_\_ **Initial**

**Fees:** Your portion of the fee, deductibles and co-pays are *due at the beginning of the session.* Please make your check out to TCAF, Inc or Therapy for Children, Adults and Families, Inc. Initial session fee is \$180.00. At initial session please present your insurance card and photo identification, driver's license, to be copied. A \$150.00 fee is charged for each additional therapeutic hour.

If using insurance coverage, check with your insurance company to determine your level of coverage and if an authorization for mental health benefits is required. You are responsible for updating insurance information. Deductible and co-payments are due at the time of each session. Once insurance coverage is established, your insurance company will be sent a billing statement for each session. There is a \$30.00 fee for all returned checks.

\_\_\_\_\_ **Initial**

If you have any questions regarding these policies, please feel free to ask Brenda Hartman directly.

Your signature below indicates understanding and acceptance of these policies.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**