

**icCHOICE.com**

Carolyn Peguero Spencer, MA, LCSW, CPC  
NPI 1467754820/44SC05426400 NJ license/078602 NY license  
Phone: (973)647-4905 [www.icchoice.com](http://www.icchoice.com) Fax: (888) 502-7361

**Financial Policy**

**Kindly read and sign prior to treatment . Payment is due at time of service: Cash or check is accepted. Please make check payable to Carolyn Peguero Spencer.**

**Within Network:**

With Insurance plans that I am a participating provider, I will accept assignment. As a courtesy to you, I will submit claims to your insurance company. Please pay your copay insurance and or deductible at each visit.

**Out of Network:**

For Insurance plans that I am an out of network provider, please be aware of your deductible responsibility. We can make arrangements on how to meet this deductible. Please be aware, you will be responsible for either full fee or the co-insurance at the time of service.

**Fee for Service:**

Please be aware you will be responsible for the agreed upon fee at time of service. If you decide to submit to insurance, please request an invoice on a monthly basis.

Current fee agreement is as follows:

Diagnostic Interview \_\_\_\_\_ Date:\_\_\_\_\_

Individual Session (50-60min)\_\_\_\_\_ Date:\_\_\_\_\_

Group Session (60-90min)\_\_\_\_\_ Date:\_\_\_\_\_

Family Session (60-90min)\_\_\_\_\_ Date:\_\_\_\_\_

**Minor Clients:**

Parents or guardians of minors are responsible for full payment at the time of service.

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**Cancellations:**

Cancellations impede the progress of therapy. However, there are things in life we cannot control. Please provide a minimum of 24 hours notice via phone call when canceling an appointment. If you need to cancel please let us reschedule as soon as possible. If an appointment is not cancelled within 24 hours there will be a cancellation fee of \$25.00 due before scheduling next session.

**Missed Appointments:**

There will be a fee of \$50.00 for all missed appointments unless there is a genuine emergency. The therapeutic relationship begins and thrives with trust. I appreciate you understanding and accepting this agreement.

**I have read the Financial Agreement Policy and have had the opportunity to discuss the policy. I agree to follow the terms of the Financial Agreement Policy as outlined above.**

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_