



4405 East West Highway, Suite 502
Bethesda, MD 20814
(240)479-4894

Patient Name:

Date:

GROUP FINANCIAL AGREEMENT

Payment will always be due prior to start of group, workshop or series. Therapy and Mindfulness Practices, LLC does not carry balances or offer payment plans. We do accept cash, check or credit card as forms of payment. We accept all major credits cards. *Credit card information is kept on file for all clients, regardless of the preferred session payment method.* Prior to the first session, we will request your credit card information. Checks can be made out to Meghan Renzi, LCSW-C, RYT-200. A \$35 fee will be charged for any returned/canceled check.

Group psychotherapy (Ongoing groups)

Group fees are charged monthly at the rate of \$160, payable by recurring monthly credit card auto-payment. Meghan holds 3-4 groups per month. A portion of the cost may be reimbursable by insurance. Superbills for *attended sessions* can be provided with CPT code 90853 (group psychotherapy). Please be aware that superbills do require a diagnostic code.

Clients who are new to the practice will require an in person intake- \$100 for 30 minute intake.

Psychoeducational group series

\$400 per 8 sessions (45 minutes each). Clients who are new to the practice will require an in person intake- \$100 for 30 minute intake.

*Note: Psychoeducational groups and workshops are not reimbursable through insurance.

CANCELLATIONS/ NO SHOWS

Group is a weekly commitment and your attendance is expected weekly, unless prior a prior obligation has been discussed with your group therapist. If you are unable to attend group for any reason, you **MUST** notify your therapist (directly to their email address or by phone) 48 hours in advance. All groups, including workshops, follow the practice's 48 hour cancellation policy.

Psychoeducational Group Series. Group session costs cannot be prorated or refunded. If you have to miss or cancel a session, I do offer a 30 minute individual consult session to make up for the missed group material.



4405 East West Highway, Suite 502
Bethesda, MD 20814
(240)479-4894

Patient Name:

Date:

Group psychotherapy. A monthly charge of \$160 will be applied to your account the first of the month, regardless of group attendance that month, unless otherwise specified. Group sessions cannot be prorated or refunded. Should you need to cancel your membership, please give written notice prior to the first of the month. As always, missed sessions are not reimbursable through insurance because they do not carry a diagnostic code.

I understand and agree to the above.

Patient Name	Signature	Date
--------------	-----------	------

Guardian Name	Signature	Date
---------------	-----------	------

Guardian Name	Signature	Date
---------------	-----------	------

Witness Name	Signature	Date
--------------	-----------	------