

Billing Policy & Payment Authorization

Sabrina S. Santa Clara, PLLC & The Center for Embodied Spirituality

Your cost for psychotherapy, coaching, counseling and spiritual direction is \$220 per hour and is due at the time of service. In-between session calls are billed in 15-minute increments at \$55. Consultation and Supervision rates are \$350/hour. I am not a preferred provider on any insurance plans. If you are a therapy client and have a PPO, you may be provided a super bill to seek reimbursement from your insurance company. You may also pay using your Health Savings Card. I offer a limited number of sessions each week. Missed sessions and short-notice cancellations prevent me from helping others in need. **Missed sessions and nonemergency cancellations within 24-hours of your appointment time are billed at the full price. Cancellations of 48-24 hours are billed at half price.**

My preferred method of payment is Zelle bank to bank transfer. Since I don't get charged credit card fees for Zelle transfers, you may elect to take 3.5% off your charge when paying with Zelle. Though please note, Zelle is not a HIPPA compliant payment form. To pay with Zelle, your payment has to be transferred by the end of the day in which your session occurred. All clients must complete credit card information even if Zelle is your preferred payment method.

I prefer to pay with Zelle (initials) _____ \$180 \$190 \$200 \$210 Other: _____

Please complete the following credit/debit card information. Sometimes, those who come in for healing services have other supportive people in their lives who are willing to help them to cover costs. If this is the case with you, and your supportive person would like to pay with a credit/debit card, please have them complete the following information.

Client Name: _____ Card Number : _____

Name of Cardholder as it appears on card: _____ Is this an HSA card? _____

Exp. Date: _____ CVV: _____ Zip: _____ Limitations: _____

I authorize Sabrina S. Santa Clara, PLLC to bill my credit card on the above referenced client's account. This authorization will be in effect for one year, until the card provided expires, or until the cardholder rescinds the authorization, whichever comes first. If I would like to rescind the authorization I may do so by contacting Sabrina Santa Clara by phone, text, or email. I authorize payment for any of the services provided at the posted rates. If the offer of payment is for a limited amount or limited sessions, please indicate on the "limitations" line. If you are offering to pay a specific dollar amount each session, please enter that amount.

I understand that patient confidentiality laws do not allow Sabrina to discuss any matter related to the above referenced client with any other person unless a release of information has been signed by the patient. While legal rights to privacy are limited to psychotherapy clients, Sabrina holds the same ethical privacy standards for all clients.

Client Name/Signature

Date

Cardholder Signature (if different than client)

Date

