Tanya Irvin, LCSW

tanyairvin.lcsw@gmail.com

(929) 445-8935

**You are responsible for the entire portion of the fee. I do not presently accept insurance**. If you wish to receive out of network benefits from your insurance company, please note that I am not responsible for any non-payment or other reimbursement issues by your insurance company, and you will still be responsible for the full fee of the session at each visit. It is your responsibility to discuss this with your insurance company further.

**Payment is due at the time service is rendered.**

**Please note that I have a 48-hour cancellation policy. If you do not keep your appointment and do not inform me 48 hours in advance, you will be responsible for the full fee for that session.** Extenuating circumstances will be reviewed by the therapist on a case-by-case basis and a potential waive of the cancellation fee will be considered if deemed appropriate.

All phone calls that occur between sessions and last 15 minutes or longer, and that are clinical in nature, will be regarded as phone sessions. They will have a $30.00 charge for a 15-minute increment. If I initiate contact first, there will be no charge to you.

Therapy is a serious commitment. Should you miss two sessions in a row or cancel more than three sessions in a four-month period, I will unfortunately terminate your therapy services. If you have gone three weeks without being seen, I will assume that you are no longer interested in services, and your services will be terminated.

Authorization to pay

I hereby agree to the fee policy of Tanya Irvin, LCSW. I understand that I am responsible for the entire fee at the time of service. I have read the fee policy and agree to all the conditions outlined.

Signature of client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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