

**Peace of Mind Counseling LLC
Shawna Puntenev M.S, LPC, NCC
301 Thelma Dr #222
Casper, Wy 82609-2325
307-262-5810**

Dear Client,

Insurance and co-pays: Submission of your insurance is a service we are providing for your convenience. In return, we are requesting payment of your co-pay at the time of service, so please come prepared to pay when you come for your appointment.

Different insurance plans have different co-pays. If you are unsure of what your co-pay is, please contact your insurance company for that information.

Missed appointments: In order for therapy to be most effective, it is important for us to be honest about our commitment to the process and our expectations of each other. My commitment to you is to honor the time set aside for your therapy session. In return, I am asking for equal commitment from you. I understand that sometimes circumstances arise that require one or the other of us to cancel an appointment, and ask for 24 hour notice if that is the case. If advance notice is not given, the appointment will be considered to be missed and will be assessed the following fees:

First missed appointment: Full Cost of Session

Second missed appointment: Full Cost of Session

Third missed appointment: I will assume you are no longer interested in continuing therapy and your case will be closed.

I also understand that sometimes life presents unexpected challenges that can interfere with our schedules, so please let me know if that is the case and we can discuss the situation and hopefully come to an agreeable solution for both of us.

I have read, understand, and agree to fulfill my responsibilities.

Date: _____

Client/Guardian: _____