



MKF COUNSELING  
425 AMWELL ROAD SUITE 1  
HILLSBOROUGH NJ 08844  
INFO@MKFCOUNSELING.COM  
908 770 7352  
MKFCOUNSELING.COM

## Payment Policy

All Co-payments/Coinsurances/Deductibles, as well as any past due balances are **due at the time of service**. If you receive a bill and would like to make payments, this will need to be arranged with MKF Counseling Administrative Staff at (908) 770-7352 prior to your next appointment. If your account should remain unpaid past 120 days, we may refer your account to a collection agency and services may be paused or discontinued. Payments via cash, check, Venmo, and Zelle are accepted at the office. Credit card payments can be made in the client portal.

MKF Counseling requires all clients to leave credit card information on file. Our merchant services are through CardPointe and follow strict data retention rules as required by the merchant processing system. No card information is visible to staff once the card is placed on file. The merchant company utilizes multiple security measures to protect your data, including tokenization. Our staff will process copay and other fees associated with your visit on a weekly basis (the Wednesday after your session has occurred) if payment is not received at the time of service. In the event you are in violation of the cancellation/no call no show policy, your card will be charged the appropriate fees.

## Changes of Insurance

It is **your** responsibility as the client, or legal guardian thereof, to notify us of any changes of insurance within a timely manner. Failure to notify us in a timely manner may result in total client responsibility. **Your therapist may not be in-network with your new plan.**

## Third Party Insurances

MKF Counseling does not bill Third Party Insurances. If you are being seen as a result of a motor vehicle or work place accident, payment will be due in full at the time services are rendered.

Please note that engagement of your initial session with your therapist constitutes that you are in agreement of our policies written within this document.

I have read and acknowledged your payment policy.

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Signature of Client/Person Legally Responsible

