

Brighter Future Therapy, LLC.
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(908) 930-9185 (ph)
(908) 505-3622 (fax)

Rules and Expectations

*Please be sure to check with your insurance company to make sure that any pre-authorizations are made prior to the first appointment and to determine coverage responsibilities.

*Please note that if you cancel an appointment without at least eight hours notice, you will be charged a \$75.00 no show fee; this fee cannot be charged to your insurance company. Cancellations can be made via text, email, or phone/voicemail.

*All payments, including co-pays must be paid at the time of your appointment via check, cash, or credit card.

*Follow up sessions will not be scheduled until all outstanding payments or payment arrangements have been made.

*Please inform me of any changes in your insurance coverage as soon as possible.

Client Name: _____

Signature of Responsible Party: _____

Date: _____