Counseling Center For Emotional Growth
5225 Old Orchard Road
Suite 29
Skokie, Illinois 60077
Phone 847-967-0952 Fax 773-248-5324

Fees and Insurance

Payments, co-payments, and deductible amounts are due at the time of service. Clients are responsible for understanding their insurance coverage and for payment of charges for treatment(s) that are not covered by their insurance benefits. Clients who change insurance companies or receive changes to to their benefits must notify CCFEG immediately. All unpaid balances 60 days overdue will be assessed a 3% monthly charge. A 35% fee will be added should an unpaid balance be sent to collections.

Appointment Cancellation Policy

Clients wishing to cancel / or change an appointment date are required to provide a minimum of 24 hour notice prior to the scheduled appointment . Charges will be applied to missed or cancelled appoints with less than 24 hours notice.

Client Name: _____ Client Signature: _____

Date:_____ Guardian Name;_____ Relationship:_____

Guardian Signature: _____