

Financial Agreement and Fee Schedule

Rates

Charges for individual counseling are \$95 per 45-minute session. These rates are subject to change with the changing market and clients will be notified of any changes in rates. Group therapy rates vary by practitioner.

Insurance

Services may be covered in full or in part by your health insurance or employee benefit plan. Please check your coverage carefully by calling your insurance provider prior to setting up counseling. It is your responsibility to know your co pay and deductible at your first session. By signing this form, clients agree to allow their therapist or billing agent to release information to their insurance provider to process claims. Clients also release insurance benefits to be paid to their therapist. Clients also agree to pay any portion not covered by their insurance carrier.

Reduced Fee

Reduced fee services are available on a sliding scale. You must talk to your therapist if this is needed.

Payment

Please come prepared to pay your deductible and co pay. We appreciate our clients and hope that you will be happy with your services here. We ask that you show your appreciation by paying in a timely manner. Any returning clients with a past due bill will be asked to settle this bill before resuming counseling. This is your therapeutic experience and paying for services helps you take responsibility for your change!

Cancellation Policy

If you do not show up for your scheduled therapy appointment, and you have not notified us at least 24 hours in advance, you will be required to pay the full cost of the session. If you fail to attend your intake session you will be referred to a different counseling clinic, our time is very valuable as private practitioners. A \$25 fee will be charged for checks returned due to insufficient funds.

Report Fees

Research, Reports, and letter writing on your behalf are \$100/hour. Records requests require a handling fee of \$21.36 and .50 cents per page due to the time it takes our therapists away from other clients to copy and compile these.

Court Fees

If we are required to testify in court you will be charged \$200/hour plus travel time and expenses due to the amount of time this takes from the clinic, other clients, and for preparation.

Any court ordered counseling will be exempt to insurance and the rate for court ordered counseling is \$100/session. The fee for court reports is also \$200/hour. Expect to give two weeks' notice for any of the above. In order to ensure our therapists are compensated for this time we ask that you pay a \$1,500.00 retainer in advance to court appearances. If your bill does not reach this amount you will receive the difference back after court services are rendered.

If you understand and agree with the above we ask that you sign this document as a statement of your understanding and agreement to comply with our financial and fee schedules. This document may be used along with your personal information to collect outstanding fees if not paid in a timely manner. If no attempt to pay for outstanding fees is made legal recourse may occur.

Thank you for valuing our services by agreeing with these terms,

(Signature of Client or Guardian)

(Date)

(Signature of Therapist)

(Date reviewed with client)