

# FINANCIAL AGREEMENT

## Martha A. Hines, MS, LMHC

Client: \_\_\_\_\_

### Standard Fees:

|  |                           |
|--|---------------------------|
| Intake Assessment  | \$180                     |
| Session (45-50 min)  | \$125                     |
| No show/Late cancel  | \$50                      |
| Telephone Consultation<br>10 min. or more)                       | \$ 35/15 minute increment |
| Legal testimony, consultation,<br>report prep, (includes travel) | \$250/hour                |

**Note:** Any support activity that occurs outside the counseling session may incur additional charges. Be advised that if the client is a child, that best practice often requires outside consultation. You will be billed for any prearranged consultation with outside parties, and/or preparation of written letters or reports. Legal testimony, consultation, and report writing are charged at double the session rate.

### Insurance:

Insurance Company: \_\_\_\_\_  
Name of subscriber: \_\_\_\_\_  
Number of sessions per calendar year: \_\_\_\_\_ Number available: \_\_\_\_\_  
Co-pay: \_\_\_\_\_ Deductible: \_\_\_\_\_ Has it been met? (yes or no) \_\_\_\_\_

**Note:** If you do not know what your responsibilities are at the time of our first meeting you will be charged an automatic \$25.00 co-pay. If you find that this is an overcharge, you will be reimbursed as appropriate.

**All fees are due and payable at the beginning of the service hour unless agreed upon otherwise.**

### No Show/Cancellation Policy:

- I agree to cancel 24 hours in advance.
- I understand that I am agreeing to pay for therapist time and that failure to do so is a disservice to the therapist and others who may benefit from that time.
- I understand that I will be charged \$50 as stated above for a no show or late cancellation.

### Insurance:

- I understand that election to use my insurance is not a guarantee of payment. **I understand that it is my responsibility to know my benefits.** If I am not clear there will be a \$25 co-pay charged at the beginning of the session until it is clear what the charges are. Any overages will be adjusted accordingly.
- All co-pays are due at the beginning of the service hour.
- All agreements regarding insurance must be decided in advance of beginning service.

I have read the above contract. I understand that I am responsible for payment for services and unpaid services will be referred to collections. I hereby agree to the terms of this contract.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_