Coyle & Mattern, LLC

www.noanxietytoday.com

Karen P. Mattern, LCSW, PhD

**Fee Agreement**

Name of client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My fee per office session is $150 for 60-minute appointments, $225 for 90-minute appointments, and $260 for 105-minute appointments. I accept cash, check, and credit/debit cards. If you prefer to pay by cash or check I will reduce your payment by approximately $10-$15, respectively. I request payment at the *start* of each session so that we can easily move into our scheduled time, and respect the appointment times for others after you. Thank you.

I require **24-hour advanced notice of cancelled appointments**. If I do not receive a voice message or email in a timely manner, unfortunately I will have to charge you for the missed visit. The exceptions would be a death, sudden, debilitating illness, or accident. Thank you for understanding.

I offer a discounted rate for the advance payment of ten sessions- I will provide an eleventh session at no cost. If you do not use all ten sessions, I will refund you on a pro-rated basis for the unused scheduled time.

I am a participating Medicare health insurance provider. For all other insurance plans, you may be able to submit my invoice to your insurance company as an “out-of-network” provider to receive a partial reimbursement of my fee. I will ask that you pay my full fee at the time of service. My assistant can bill your insurance company for you, but you may be reimbursed directly by your health insurance company for the “allowable” portion of my fee. If you wish to have my assistant bill for you, I will need a copy, front and back, of your insurance card and of your driver’s license. Thank you. I, in turn, will provide the following information to your insurance company: my name, contact information, professional license number, and my EIN. Additionally, I will submit your CPT code, ICD-10 diagnostic code, dates of service, and list of payments. I *do* *not* submit case notes to insurance carriers.

I will inform clients of any changes to my fee schedule at least 30-days prior to any amendments. Any adjustment to fees may occur due to educational attainment, specialized trainings (i.e., EMDR) or on the recommendation of national professional organizations or legislative bodies governing the profession, such as the National Association of Social Workers.

**Review of fees prior to any aforementioned discounts**:

Initial visit 80-minute session $225

Subsequent 50-minute session $150

Subsequent 105-minute session $260

Out-of-office session (home, hospital) $260

**Please read and sign**:

I understand the above financial considerations and agree to the terms of service. I agree to pay the fees for service, per session, as previously outlined. I agree to pay fees at the start of each session (or in advance if preferred). I agree to provide at least 24-hour advance notice if I knowingly will have to miss a scheduled appointment. If I plan to use my insurance carrier, I understand that insurance companies do not always provide exact payment information until they receive a bill. Thus, I may not know the “allowable” payment at the time of service. I authorize Karen Mattern, and her assistant to bill my insurance company if requested. I understand that Karen Mattern will not provide case notes to my insurance company. I understand that my insurance company will *not* cover a missed visit, and therefore, I will be responsible for the full payment of session fees, should I neglect to submit a 24-hour notice of cancellation. I understand that I am responsible for the total cost of therapy sessions regardless of what my insurance company agrees to pay.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_