

Lotus Behavioral Health, LLC.

Fee Agreement

By signing the form below, I state my understanding of the following information:

The fee for individual counseling is \$150 for 60 minutes. The fee is due and payable at the end of each counseling session. Lotus Behavioral Health accepts cash, check, or credit card. The office does not currently file insurance but will provide an invoice that can be submitted to one's insurance carrier for reimbursement. Every insurance company is different in regards to their coverage for mental health. If planning to use insurance for reimbursement, we suggest contacting one's insurance agency prior to our first session and inquire about coverage. I understand that insurance reimbursement is a contract between me and my carrier. Lotus Behavioral Health cannot accept responsibility for collecting an insurance claim or negotiating a disputed claim if the company fails to reimburse the claim. Lotus Behavioral Health is an out-of-network provider. A sliding scale payment may be considered on a case-by-case basis.

I understand that if I do not have the fee at the end of the session, there will be only one follow-up session scheduled until payment is received. The fees associated with counseling are my responsibility. Refunds are not available.

If I am unable to make an appointment, 24-hour notice is required. I understand that if I do not give 24-hour notice, full fee will be assessed. If I do not show for an appointment, full fee will be assessed. If I terminate an appointment for any reason after it has started, I am still responsible for the full fee.

Services may be terminated at any time, for any reason by either client or therapist. If a referral is requested, the office will provide me with referral information. It is my responsibility to arrange an appointment with that provider.

I have read and understand the information outlined above. I understand that I will have an opportunity to discuss any questions I may have regarding behavioral mental health fees for services. My signature below indicates my understanding and agreement to pay fees for services received from Lotus Behavioral Health.

Client Name (Please Print)

Signature

Date

Name of Witness (Please Print)

Signature

Date