



**Deedee Shaw LICSW**  
330 North 48th St, Suite A  
Lincoln, NE 68504-3515  
Phone 402-326-9168

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## FINANCIAL / PAYMENT AGREEMENT

### FEES AND PAYMENT SCHEDULE

Counseling sessions vary from 30-75 minutes in length. Fees for these sessions are as followed:

\$350-90791	Initial Diagnostic Interview/Evaluations/Specific Assessment
\$110-90832	30-minute Individual session
\$200-90839	60-75 minute Individual, Crisis Session
\$130-90834	45-minute Individual session
\$160-90846	Family Session (without patient present)
\$150-90837	60-minute Individual session
\$180-90847	Family Session (with patient present)

### FINANCIAL CONSIDERATIONS

1. If you are a self-pay client, full payment is expected at the end of each session. A discount will be offered for those who pay in full the same day they receive services. Please speak with me regarding this. If payment is not made, the therapist may terminate services unless special arrangements are made.
2. All payments (deductibles, co-pays, co-insurance, etc.) are due at the time of service.
3. If you are unable to pay a standard fee, you may discuss your situation with your me.
4. Pro bono sessions will be based on your situation. You will be allowed 6 to 12 sessions with no cancellations. If you cancel, you must give 24 24-hour notice.
5. All returned checks due to insufficient funds will incur an additional \$20.00 fee to cover our costs.
6. Therapists have the right to seek legal recourse to recoup unpaid balances. In pursuing these measures, the therapist will disclose only biographical information and the amount owed to ensure confidentiality.
7. If/when there is a fee change, a notice will be provided 30 days in advance.

### APPOINTMENT ISSUES

To serve you in the best possible way and meet your needs for therapy services, the following is our policy regarding missed and canceled appointments.

1. I expect 24 24-hour notice from you if you need to change your appointment time for anything other than an emergency. If I am not given notice, we will expect payment for that hour of time at our agreed-upon rate. If an emergency occurs, please call, and you will not be charged for the appointment.
2. If you are late for a session, your session time is shortened, but you will still be required to pay for a full session.
3. For individuals who haven't called and are late to an appointment, we will wait for up to 15 minutes, then assume you are not coming. If an emergency occurs that causes this, we can discuss the exception. First no show \$25.00; Second no show \$50.00; Third-Termination of services.



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## **FINANCIAL /PAYMENT AGREEMENT**

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_