**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 $260-90839 60 minute Individual, Crisis Session

$160-90834 45-minute Individual session $160-90846 Family Session (without patient present)

$250-90837 60-minute Individual session $180-90847 Family Session (with patient present)

90853 Group Therapy (varied length and fees dependent upon group type)

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 that pay in full the same day they receive services. Please speak with your provider regarding this. If payment is not made, the therapist has the right to 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 therapist.
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 hour notice.
5. All checks returned to our office due to insufficient funds will have an additional $20.00 fee added to your bill to cover our costs.
6. Therapists have the right to seek legal recourse to recoup unpaid balances. In pursuing these measures, the therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.
7. If/when there is a fee change, a notice will be provided 30 days prior to the change in fees.

APPOINTMENT ISSUES

In order to serve you in the best way possible and meet your needs for therapy services, the following is our policy on missed and canceled appointments.

1. We expect 24 hour notice from you if you need to change your appointment time for anything, other than an emergency. If we are 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, the time of your sessions is shortened, but you will 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.

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_