



CLIENT FEE AGREEMENT

BILLING AND PAYMENTS

If you provide us with insurance information, we will bill your insurance company after the completion of the service. You are responsible for the full amount of your bill, regardless of insurance coverage. All payment is due at the time you receive service. Payment includes out of pocket expenses, deductibles, coinsurance, and co-payment amounts. Please make payment at the front desk or call (763) 202-4767 to make payments.

PROFESSIONAL FEES

Diagnostic Assessment.....	\$230.00
Family Session (90 mins.)	\$200.00
Extended Individual Session (90 mins.)	\$180.00
Individual Therapy 60 mins/45 mins/30 mins	\$150.00/\$120.00/\$100.00
Psychological Assessment.....	\$250.00 (1st hr. \$200.00 for 2 or more hrs.)
Crisis Therapy 60 mins/90 mins	\$200.00/\$250.00
Group Therapy	\$40.00

If you do not have insurance to cover your services, please refer to the sliding fee scale on our website at <https://veemah.com/contact-us> to determine how much you will pay for your services based on your income. If you do not make a payment for **two consecutive appointments**, we will suspend your services until you make payment for the previous services.

We refer you to your insurance company for any questions regarding coverage, deductibles, and coinsurance. All insurance claims submitted to your insurance company are based on the information you provide. As a recipient of your insurance, it is your responsibility to understand your insurance benefits. Please inform your therapist immediately of any changes made to your insurance or your payment information so billing can remain current. **VEEMAH** will bill your insurance company based on the information that you provide. However, it is possible that you may owe more for your services even after the insurance processes your claims. Additional payments your insurance may require you to make may include **Deductibles, Co-payments, or Coinsurance.**

MISSED APPOINTMENT

If you do not show up for a planned session or if you cancel a session without at least 24 hours' notice, **VEEMAH** will bill you a fee of \$75.00. Insurance companies do not cover missed or cancelled appointments, so the responsibility for the session fee will be yours. Thus, if you are unable to attend your scheduled appointment, please call 24 hours in advance to reschedule with your therapist.

PAYMENT METHOD

We accept payments in the form of cash, check, money order, or credit card. You may make payments to **VEEMAH**. We process credit card payments through Square; therefore, you will be charged a convenience fee of 2.75 % each time a payment is made.

Your signature below indicates that you understand and agree to these conditions.

Print Name: _____ Date: _____

Signature: _____