

Counseling For Growth, L.L.C.
Fee Schedule and Reimbursement/Attendance Policy

<u>Service</u>	<u>Initial Session</u>	<u>Follow up sessions 45 Minutes/60 Minutes</u>
Family Counseling	\$150	\$115/\$130
Individual Counseling	\$150	\$115/\$130
Substance Abuse Assessments	\$200	N/A
Meet and Greet	30 Minutes/\$15	

Litigation related Services: \$400.00 per hour with a minimum of \$1000.00 for any court appearance or other litigation related activities. Includes evaluations and reports, depositions, and court appearances. Please be aware that insurance and/or Employee Assistance Programs will not cover services related to litigation or other legally related scenarios.

If you have insurance, our fee schedule is based on the pre-arranged reimbursement schedule established by your insurance company. A limited number of sessions (usually 3 to 8) are free with no cost to you if you are using an Employee Assistance Program (EAP) benefit to cover services provided. The client is responsible to activate these EAP benefits and inform Counseling for Growth, L.L.C. if such benefits are being used. EAP sessions are capped at 45 to 50 minutes in length.

As a courtesy, we will bill your insurance company; however, if problems arise with your plan or your insurance company, you will be required to pay for the services up front and request reimbursement from your insurance company yourself.

There are some insurance companies that Counseling for Growth, L.L.C. has experienced numerous difficulties with reimbursements. You may be required to automatically pay up front for these services and request reimbursements from the insurance company yourself. We will let you know if your insurance company fits into this category.

Any missed appointment will result with the client being charged \$50.00 automatically to the credit card on file.

Any appointment in which the client did not cancel with at least 24 hours notice will result with the client being charged \$50.00 automatically to the credit card on file.

Short letters (1 or 2 pages) of support for work, school, or family will be provided at the following rate: The first letter will be free of charge (complimentary). Any additional letters will result with a fee of \$30 per 15 minutes of time to complete the letter and/or submit it (fax, mail, etc.). Please be aware that insurance and EAP companies will not pay for such letters or reports.

Any reports that include detailed clinical information for school, work, disability services, etc. will require a \$30 per page fee, which is not covered by insurance.

Please Note:

- 1) Clients with insurance coverage accepted by Counseling for Growth, L.L.C. will be required to pay their established copay/deductible for services.
- 2) All services are available for children, adolescents, adults, and families.
- 3) All services are available in English and in Spanish.

I, _____, have read, understand, and agree to abide by the Fee Schedule and Reimbursement/Attendance Policy. I also understand that a bill may be generated and sent to the address I provided on the intake form if I miss or do not cancel an appointment within 24 hours.

Print Name	Date
Client Signature	Date
Witness	Date