

**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>
Individual Counseling	\$80	\$75
15- minute Consultation	Free	

**Fees:** The fee is \$80 for the first session, \$75 for follow-up. Follow up sessions will vary in fees depending on the length of the session in accordance with the CPT codes. Most sessions are 45 minutes long while some can last up to 60 minutes. The fee schedule you receive contains additional information for all services provided at Counseling for Growth, L.L.C. Payment for services rendered is due at the close of each session and must be paid in cash, check, or credit card.

**Insurance:** Payment will NOT be accepted from insurance companies. As a PLPC, I may not accept payment for services directly. Please authorize your payment directly to: Counseling for Growth, L.L.C. The statement (receipt) you receive will contain all the information you need to file a claim for reimbursement of your fee. However, if you fail to attend a session and/or did not cancel within twenty-four (24) hours you will be charged \$30.00. Please be advised that I do not provide reduced fee services.

**Delinquent payments:** If you fail to cancel a session within twenty-four (24) hours prior to the session and do not return to counseling in order to continue treatment and to make-up payments, you will receive a bill sent to the address you provide. The envelopes will not have any identifying information regarding the counseling practice nor my name in order to maintain confidentiality. Additionally, you may be referred to a collection agency in order to collect delinquent payments.

Short letters (1 or 2 pages) of support for work, school, or family will be provided free of charge (complimentary).

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, and adults.
- 3) All services are available in English.

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