

## **Financial Agreement and Fee Schedule for Libby Rooney Counseling**

### **Rates**

An initial Intake charge of \$200 is due at the first counseling session. Thereafter charges for individual counseling are \$150 per 45-50 minute session. This rate includes child treatment sessions and parent meetings. This is also the rate for adult individual treatment sessions. Charges for Family Counseling are \$200 per 45-50 minute session. These rates are subject to change with the changing market and clients will be notified of any changes in rates. All fees must be paid before the therapy session begins.

### **Insurance**

I currently do not take insurance, however I would be happy to supply you with a Superbill that you can submit to your insurance company. (Superbill is an itemized form for reflecting rendered services. It is the main data source for creating a healthcare claim, which will be submitted to payers — insurances, funds, programs — for reimbursement).

### **HSA AND FSA**

Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA) are also accepted in credit card form.

### **Payment**

Please come prepared to pay prior to the beginning of the session. I appreciate our clients and hope that you will be happy with your services here. I ask that you show your appreciation by paying in a timely manner. Any returning clients with a past due bill will be asked to settle this bill before resuming counseling.

### **Cancellation Policy**

If you do not show up for your scheduled therapy appointment, and you have not notified me at least 24 hours in advance, you will be required to pay \$150 for your missed appointment. A \$100 fee will be charged for checks returned due to insufficient funds.

### **No Show Policy**

If you do not show up for 3 appointments I have the right to terminate you as a client.

### **Report Fees**

Research, Reports, and letter writing on your behalf are \$150/hour. Records requests are \$35 and 5 cents per page due to the time it takes myself to copy and compile these.

### **Court Fees**

If I am required to testify in court you will be charged \$200/hour plus travel time and expenses due to the amount of time this takes from the clinic, other clients, and for preparation. Any court ordered counseling will be exempt to insurance and the rate for court ordered counseling is \$100/ session. The fee for court reports is also \$200/hour. Expect to give two weeks' notice for

any of the above. In order to ensure your therapist is compensated for this time I ask that you pay a \$1,500.00 retainer in advance to court appearances. If your bill does not reach this amount you will receive the difference back after court services are rendered. If you understand and agree with the above I ask that you sign this document as a statement of your understanding and agreement to comply with my financial and fee schedules. This document may be used along with your personal information to collect outstanding fees if not paid in a timely manner. If no attempt to pay for outstanding fees is made legal recourse may occur. Thank you for valuing our services by agreeing with these terms.

**Communication fees/guidelines:**

My fees for telephone calls is as follows: First 10 minutes a week is free if the client is an active client in therapy. Every minute after the 10 minutes will be \$1.50 per minute. Please be advised that insurance companies don't typically reimburse for phone calls. Outside of parent/guardian phone calls, I will be adding a policy regarding my communication with other professionals. This includes correspondence via telephone and composing emails. Examples of professionals includes but not is limited to: participating therapists, psychologists, psychiatrists, doctors, teachers, lawyers, and guardian ad litem. The charge for these types of emails and phone calls will be \$30.00 for every 15 minutes spent. Email: I do not charge for emails between myself and the client or parent/ guardian. I do not provide therapy via email. However, I may ask for an update or information that would deem important for me to know prior to the client's next appointment. This request of information from you does not guarantee a response from me. I may use email to send resources and/or a recap of events I deem important for the parent/guardian to be aware of. I always strive to maintain the highest levels of communication but can only guarantee you the time that is scheduled for client sessions and parent meetings. Parental involvement is highly recommended via parent meetings to ensure the highest success rate for therapy. I strongly recommend to regularly schedule these appointments at your discretion which is approximately once every 5 client sessions. I offer 30 minute and 50 minute sessions in-office or tele-therapy sessions. You can sign up for these sessions on my website <https://libbyrooneycounseling.com>

Client Signature Date \_\_\_\_\_