



## **Fee Schedule**

*(Updated 9/2023)*

### **INSURANCE**

I am paneled with most of the major insurance companies (United Health Care, BCBS, Aetna, Cigna) and many Employee Assistance Programs (EAPs). If you have insurance, we will make every effort to bill the insurance company for our services; but understand that you are responsible for any remaining balance, co-pays, co-insurance, or any other fees.

If I am not an approved provider for your insurance company, I am happy to provide a superbill for out of network claims. I strongly encourage checking with your insurance company to determine if they possibly reimburse for out of network sessions. If not, often they will allow you to apply the session expenses towards your deductible, which can be very helpful. Health Savings and Flexible Spending accounts using your pre-tax dollars are accepted. It also may be an option to deduct therapy expenses from your taxes as an out-of-pocket medical expense but clients should always consult an accountant or tax preparer about this possibility.

### **INFORMATION ABOUT FEES**

Fees are determined by services rendered and do not change based on participation with an insurance company. I may be able to offer a Reduced Fee/Sliding Scale openings which may be an option based on availability.

Any co-payments or other fees deemed to be the patient's responsibility are due at the time of service. In the case of financial difficulties, it may be possible to make payment arrangements with the counselor, but this must be done in advance.

Clients are responsible for paying any remaining balances incurred from treatment, and invoices will be sent regularly. Clients with outstanding balances of more than \$100 will not be able to schedule appointments until payments are received.

If no payment(s) have been made in more than 60 days after the last appointment, and no contact has been received from the client, the counselor will charge the credit card on file. In the case of a payment being returned, the client is responsible for any fees incurred by the counselor.

### **FEES**

\$150 Initial Session/Assessment

\$120 Individual Session

\$130 Couples Session

**REDUCED FEE/SLIDING SCALE**

Elizabeth Perry Counseling will consider adjusting the fee schedule to a lower rate based on your personal financial situation. The number of sliding scale spaces available is determined by the counselor's schedule, and how many other sliding scale clients the counselor is currently serving. The lowest rate that can be offered is 50% of the standard service fee; which would be \$60. Once again, the ability to slide is dependent upon the counselor's ability to take on new clients at a reduced rate.

I understand that payment is expected at the time of service. I also understand that services may be suspended or terminated for failure to pay.

**CANCELLATION/ NO-SHOW FEES**

The counselor requires 24 hours' notice of session cancellations or desires to reschedule. If the client becomes aware they will not be able to keep their scheduled session time, they should notify the counselor as soon as possible. There is a \$75 no-show/late-cancellation fee; this is due to the counselor's time and inability to fill the slot with another client. The counselor may waive this fee in cases of emergency or extenuating circumstances but is under no obligation to do so.

If the client has not arrived/logged into the session within 15 minutes of the original session time, the counselor will end the session and charge the no-show fee. If the client has an outstanding balance, the client may not be allowed to reschedule the session until the balance is paid in full or payment arrangements have been made with the counselor. If the client makes a pattern of late cancellation/no-show for sessions, the counselor may offer referral to another counselor and discharge the client.

By signing below, you are confirming receipt and agreement to these policies.

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Client (or Responsible Party) Signature

\_\_\_\_\_  
Relationship to Client if Applicable

\_\_\_\_\_  
Date