

**Fee Agreement**  
**Provider Intake Assessment \$200**  
**Individual Session \$160**  
**Family Session \$180**

· THE INSURANCE BENEFITS QUOTED ARE NOT A GUARANTEE OF PAYMENT. YOU ARE RESPONSIBLE FOR UNDERSTANDING YOUR INSURANCE BENEFITS AND FEES. Health insurance may provide partial coverage for mental health assessment / treatment. It is the patient’s responsibility to understand Deductible, Co-Insurance & Co-Payment.

· You are responsible for payment of your Deductible, Co-Insurance, Co-Payment, fees resulting from denial of coverage, private payment and any other fee resulting from our work together that are not covered by your insurer.

· Private payment and copayment are due at the time of service.

· A fee is charged for each hour of service, for all clinical, mentoring & supportive services. (e.g., assessment, diagnosis, treatment meetings, treatment planning, phone conversations (e.g., school, DHS, lawyers), emails, discussions with other service providers, school meetings (e.g., IEP) and legal proceedings. This is not an exhaustive list.)

· A therapist cannot waive Deductible, Co-Insurance or Co-Payment obligations. Our agreement with your insurance company requires us to honor the conditions of your insurance contract.

· Insurance companies typically refuse payment for: learning disability/ intellectual deficiency testing and treatment, sessions if the patient does not meet criteria for a diagnosis, and couples counseling.

· In the event of a missed or cancelled appointment, with less than 24 hours advanced notice of cancellation, a fee will be billed and is patient responsibility (these fees are not covered by insurance).

· IF YOUR BILL IS PAST DUE FOR 60 DAYS, A COLLECTION AGENCY MAY BE USED TO RETAIN PAYMENT.

· A credit card on file form will be required for all patients upon the initial evaluation.

Patient Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Patient Signature \_\_\_\_\_

Guardian Name \_\_\_\_\_ (Signature) \_\_\_\_\_