

GENERAL BUSINESS POLICIES

Upon your request, I can send you a full fee schedule for any other services listed on my website.

CANCELLATIONS

If you need to cancel or reschedule an appointment, please provide 24 hours advance notice to avoid being charged the full fee for that reserved hour. You may text, call, or email to notify me of a need to cancel or reschedule. Missed appointments without any notification are charged at the full rate even if you reschedule for that same week. If you let me know in advance and I have availability to reschedule you in the same calendar week, I will do so for no charge. Please note that insurance companies do not provide reimbursement for canceled or missed sessions. If we agree on a “standing” weekly appointment or other regular day/time (i.e., we meet at the same time each week/every 2 weeks), I reserve that time for you in my calendar as a “recurring” event, and do not offer that time to anyone else. If we miss a session for any reason, I will assume you will be at our next regular appointment unless we explicitly communicate otherwise.

FEES

My fee for the initial intake/assessment appointment is \$200, and it is \$150 for each subsequent 45-minute individual psychotherapy session. Couples and family are scheduled and billed \$200 for 60-minute appointments. Payment is due at your appointment. If I write letters or have any correspondence with any agencies or individuals on your behalf, you will be billed the session rate for my time in preparing any documents requested. If a telephone consultation is requested, I will bill you for any amount of time over 5 minutes, on a prorated basis. If we arrange to have a full therapy session over the telephone or via video conferencing, you will be charged the same rate. Legal proceedings for any reason are billed separately and fees along with a signed agreement will be discussed in advance should the need for that arise.

My policy is to maintain a credit card on file. This allows me to settle your account quickly and easily should you have an outstanding balance on your account. By providing your credit card information here you are giving me permission to run the card you choose automatically (via SQUARE) if services have been rendered and not paid for or if you do not provide at least 24-hour notice of a cancellation.

Card number: _____ Expiration date: _____ 3 digit security code: _____
Billing zip code: _____ Signature, same as name on card: _____

INSURANCE

I am in-network with a few companies including Cigna and Aetna, insurance companies. However, upon your request and if you are unable to verify my in-network status with your carrier, I will provide you with a superbill which you may submit to your insurance company to take advantage of any out-of-network benefits you have. If you decide to file a claim with your insurance company for reimbursement, I will work with you to help you with the claim.

CONSENT

I, _____, agree to the billing practices noted above. I also understand that I am financially responsible for all charges regardless of whether they are covered by insurance or not. If I default on payment, I agree to pay all costs of collection. I further agree that a photocopy of this agreement shall be as valid as the original.

Client signature: _____ **Date:** _____

Responsible party signature (if different from patient):
