



Fees for Service Information

Please review the following fees for service:

Initial Intake Session: \$195.00
Individual Counseling Session (45 minutes): \$150.00
Individual Counseling Session (60 minutes): \$195.00
Group Session: \$30.00 per week

Missed/Canceled w/o 24 hr. notice \$30.00

Please note each session will be billed according to the above referenced fee schedule (fees are subject to change). Increments will be added for each additional quarter hour and additional fees may be applied for crisis appointments. Payments and co-pays are due and are accepted prior to the beginning of each session. Payments are expected at the time service is rendered. No further sessions will be scheduled if balances are not current. We accept cash, check or credit cards (Visa, Mastercard, Discover and American Express).

If your provider is in-network with your insurance carrier, our office will gladly file insurance claims for you and the contractual amount for reimbursements will be accepted. For insurances that are considered out of network, full payment of fees are expected at the time of service and a HCFA form can be provided to you in the event that you would like to seek reimbursement on your own behalf.

Please acknowledge, in the event of non-payment, your account will be turned over to an outside collection agency and by signing below you agree to pay all reasonable collection fees.

Please note; it is a courtesy of our office to check benefits prior to your initial appointment. However, the benefits quoted to our office will only be an estimate of the reimbursement rate as payment is determined by your insurance at the time of claim review. By signing below, you agree to verify your benefits prior to your initial appointment to determine a reimbursement quote. The insurance benefit verification sheet provided will be helpful in obtaining the necessary information for expected reimbursement for your therapeutic services. Please complete and bring with you to your initial appointment.

By signing below you acknowledge that you are financially responsible for services rendered and have been made fully aware of the insurance policies regarding fee payment and recommended procedures for benefit verification.

Signed: _____ Date: _____