

PAYMENT AGREEMENT

Fees

- Diagnostic Assessment & Evaluation: \$190 (90 minutes; \$30 each additional 15 minutes) (*first visit*)
- Individual Therapy (50 Minutes = \$120) (*all visits after the first visit*)
- Couples or Family Therapy: (90 Minutes = \$150) (*all visits after the first visit*)(*couples and family therapy is more complex and requires more time than an individual session*)
- Crisis Psychotherapy – complex or life threatening circumstances that require immediate attention \$150 first 60 minutes, \$75 each additional 30 minutes)
- Group Session (90 Minutes): \$40 (*requires participation of at least four unrelated individuals*)
- Psychological Testing/ Assessment: \$200 per Hour (*covers preparatory work and purchase of tests*)
- Court related work including preparation of letters and evaluations, testimony, travel time, time away from office due to legal proceedings and review of records for legal purposes: \$120 per hour (\$30 for 15 minute increments)
- Educational Consultation : \$120 per hour (30 minute minimum) (*with the consent of the patient, educate family members/others who are not being treated*)
- Telephone consultation and non-routine paperwork \$30 for each 15 minute unit (Please note you are given one non-billable consultative phone call of up to five minutes per week)
- Cancellations (no show without a notice at least 24 hours in advance): \$75 fee

_____ **Client initial of understanding of fees**

Insurance Payment

If you are using your insurance to pay for services, it is your responsibility to be aware of your policy benefits and limitations. Please provide your insurance card at your initial appointment. *Co-Payments are due at the beginning of each appointment.* _____ **Client initial of understanding**

INSURANCE COMPANY: _____

Amount due each session: _____ Deductible: _____

It is your responsibility to be aware of your policy benefits, financial obligations, insurance limitations as well as to verify that we are in network with your insurance plan. Please note that if you have a deductible you will be responsible for paying 100% of your insurance company’s allowable rate for the service until your deductible is met. Services provided in good faith will be billed directly to you if later determined that your policy has expired, lapsed or does not cover the service(s) provided. Please note that some insurance companies require pre-certification of services and may require personal information related to your diagnosis and treatment plan. Please refer to the “Notice of Privacy Practices” or “HIPPA Notice” for more specific information which is made available at your first appointment. You are entitled to receive any additional copies upon request.

If we do not accept your insurance, you will be responsible to pay our full fees as listed above. Upon request, you will be provided with a statement for any services rendered, which you may submit to your plan for reimbursement if your policy has “out of network” benefits.

_____ **Client initial of understanding**

Payment:

Payment is due at the beginning of each session unless other arrangements have been made. Payment options include cash, check, Visa, MasterCard and Discover. Please note that you will be responsible for any bank fees for returned checks. **GUARENTEE OF PAYMENT:** I assign and authorize payment of all medical benefits payable, pursuant to the services rendered, to Katherine Hannon Counseling and Coaching, LLC/Katherine Hannon, LCPC. I understand and acknowledge that the assignment of payment to Katherine Hannon Counseling and Coaching, LLC/Katherine Hannon, LCPC does not in any way release me of the obligation to pay applicable deductibles,

