

Business/Fee Agreement

I would like to thank you for choosing Resilience Counseling, LLC as your mental health provider. This policy is to provide you with the necessary information you need before starting therapy.

- **Appointments:** Sessions are held by appointments only. If you would like to schedule an appointment outside of our regular session times, please call me and I will *attempt* to schedule a session for you. There is an additional \$35 charge for urgent sessions.
- **After Hours and Emergencies:** For a serious emergency, call 911 right away and go to the nearest emergency room. I am not available for emergencies.
- **Cancellations:** Please give at least 24 hours notice if you are unable to keep your scheduled appointment to avoid a session charge of \$140. If you cancel 2 sessions in a row, you may be terminated from therapy.
- **Termination:** Termination occurs in sessions for different reasons. Some of which are 1). You and the therapist have agreed that your condition has improved and you no longer need services at this time. 2). Your current concern is beyond the scope of my competence and you need to be referred to an outside provider. 3). Failure to keep appointments, frequent no-shows and failure to pay for my services. Regardless of the reason for termination, I strongly believe in closure with the termination process. I will discuss the reason for termination with you. You have the right to end services at any time. If you choose to terminate services, I encourage you to inform me well in advance in order to terminate appropriately.
- **Fees:** My fees are on a sliding scale depending on your financial situation. My fee ranges from \$100-\$150 per 45-53 minute session. If you choose to be considered for a sliding fee scale, I may ask for proof of family income. This could be through your current paystub. Payment is due on the day of service. You may pay by cash, checks or credit card. There is a \$35 charge for checks and cards that bounce. Please make checks payable to Resilience Counseling, LLC. Your account must be paid to date, in order to schedule any appointment.
- You will be directed to pay via IVYPAY, a credit card authorization service that is secure.
- As part of your intake process, I will ask for authorization to bill your credit or debit card even though you plan to pay cash for most sessions or have a zero co-pay. If you do not pay at the time of services, your card will be charged for the session. If you fail to call 24 hours in advance to cancel a scheduled appointment, your card will be billed for the session which is equal to \$140.
- **Insurance Coverage:**
 - **In-network:** I am paneled with some insurance companies as an in-network provider. If you choose to use your insurance coverage, please note that I will be disclosing some information about your services such as diagnosis, treatment necessity, etc to your insurance company in order to get reimbursed for services. Often times, insurance companies need some confidential information from your MH provider in order for them to pay for your treatment. The Resilience Counseling Staff is committed to only providing the absolutely necessary information to cover your treatment. You will be notified of any specific information shared with your insurance company.
 - Also, note that you will be **responsible** to pay for any sessions that the insurance company does not cover or denies. You will be notified of this issue as soon as your therapist becomes aware.

- **Out-of-network:** I am currently an out-of-network provider for some insurance companies. This means that I would be willing to help you submit claims needed to process an out-of-network reimbursement, however you would pay your therapist for the service and get reimbursed by your insurance company.

Credit Card Information (VISA, MasterCard, American Express, Discover):

Type of Card: _____

Name on Card: _____

Billing Address: _____ zip code _____

Credit Card # _____

Expiration Date: ____/____/____

CVV (3 digit # on back of MC and V or 4 digit # on front of AMEX) _____

I have read and understand the above information. I understand my responsibilities to prevent a disruption of service.

Signature of Client *Date*

Signature of Client *Date*

Signature of Therapist *Date*