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**FEES & RESPONSIBILITY FOR PAYMENT**

Fees are set at the beginning of treatment. In-network insurance fees are determined by my contracted agreement with your insurance carrier. Fees may be raised periodically. Any fee increase will be discussed with you at least 30 days prior to the effective date of the increase. Please let me know of any concerns you may have about fees or payments.

Payments are due at the time of each session unless other arrangements have been made. I will be happy to verify your insurance eligibility and benefit coverage. You are responsible for all deductibles, co-pays and payments for session not covered by your insurance carrier.

If for any reason your insurance company refuses payment, you are responsible for contracted fees in full. Uncollected accounts are subject to legal means for collection. You are additionally responsible for any bank fees or charges incurred by any returned checks.

Cancellations: At least 24 hours notice of cancellation must be given in order not to be charged for that session. Without such notice it is my practice to charge you full fee for the missed or late-canceled appointment. If you need to cancel your appointment before your scheduled time but it is within the 24-hour frame, I will make every effort to re-schedule your appointment at your request. If I can re-schedule it within the same week, the fee for the canceled appointment will be waived. There is no guarantee of availability. Once your hour has started, however, you are responsible for the full fee (not just the co-pay.) I do not bill insurance companies for any part of missed or canceled appointments as that is not a covered procedure.

Your signature below indicates you have read and understand my fee policy. If you are using insurance, it also authorizes me to bill your insurance company directly for services rendered, to contact them to obtain benefit information, and to discuss with them any payment issue that may arise related to submitted claims for service. It further allows me to provide them the clinical information necessary to obtain authorizations for treatment if that is required by your insurance to pay for therapy. To process a claim, insurance companies minimally require a diagnosis, a procedure code (method of treatment) and dates of service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

A copy of this agreement will be provided upon request.