

BRENDA S. PRICE, LCSW-C, LLC
GENERAL INFORMATION AND FEE STRUCTURE

The following is an overview of psychotherapy assessment services and clinical fee structure. This is used to provide a clear mutual understanding of the professional and business aspects of my services. Please read this information carefully and feel free to ask me about anything that is unclear to you and/or to share concerns about those issues.

Confidentiality: All client information is confidential and will be protected under the HIPAA Privacy Policy. A copy of our privacy policy will be made available to you.

In order to assist with insurance reimbursement, diagnosis, treatment plans and progress information may be requested by your insurance carrier. Be advised some insurance companies are requesting detailed information.

To enhance the quality of treatment services, other mental health professionals are periodically consulted regarding specific cases. They also provide coverage during my absence. These professionals are bound by ethical and legal standards regarding confidentiality, and information will not be used for any public or media purpose. If this arrangement raises concerns for you or violates your sense of privacy, please discuss this with me.

Client Rights: You have the right to end therapy at any time without moral, legal, or financial obligation beyond payment due for completed sessions or any missed appointments you are responsible for. Therapy termination can sometimes be the result of misinterpretation, miscommunications, and the painfulness of the material being dealt with. Should you decide between sessions to withdraw from therapy, I ask that you attend one more session to discuss your reasons prior to making a final decision. If you decide to terminate yet desire to continue therapy elsewhere, I will be happy to provide you with names of other qualified therapists. You have the right to ask questions about philosophy of therapy, assessment findings and results, experience with your presented issues, treatment plans, and procedures used.

PAYMENT FOR SERVICES

Initial Evaluations: \$85 per 55 minute session unless insurance restrictions apply.

Individual Therapy: \$85 per 55-minute session

Couples Therapy: \$95 per 55-minute session

Group Therapy: \$40 per 90-minute session

Missed Appointments: A **\$40** cancellation fee will be charged if the cancellation is not received within 24 hours of the scheduled appointment time. **Please note: insurance companies do not pay for missed sessions.**

Phone Calls: If it is necessary to provide frequent intervention by phone, calls will be billed at the usual hourly rate of \$85.

Insurance Reports: Billed at \$25 per treatment report or summary letter.

Court Fees: \$200/hour (paid in advance). This includes preparation, travel and waiting times. There will be a cancellation fee of \$200 for court appearances canceled less than 48 hours prior to the scheduled time.

Special requests for letters to employers, attorneys, physicians, etc. billed at \$85 per hour of preparation.

All fees are payable at each session. Please notify me when financial circumstances make it difficult to pay your bill on a weekly basis. Large balances may result in straining our relationship and the work we do together. All balances due after 30 days will be subject to a 1.5% monthly charge. In the event that therapy is ended and a bill is left unpaid, your name, address, and phone number will be given to a collection agency in order to collect payment.

INSURANCE

Initial preauthorization for services is the client's responsibility. Each client is responsible to learn the details of your insurance policy and to comply accordingly. Failure to obtain authorization for services will result in client responsibility for the full fee. I will provide necessary information and statements for insurance reimbursement.

OFFICE INFORMATION

In order to keep costs to a minimum, voice mail is utilized which is routinely screened during the workday, evenings, and weekends. Calls will be returned during work hours.

This practice cannot provide 24-hour emergency service. If there is a crisis or an emergency situation, please utilize your local hospital emergency room, psychiatrist, physician, etc. Persons who require frequent crisis intervention or hospitalization for major mental illnesses where symptoms include frequent suicide attempts, homicidal ideation, and psychotic thought processes such as auditory or visual hallucinations will only be accepted if the client is in active treatment with a psychiatrist. Otherwise, referral options will be discussed. Weekend and holiday coverage are provided on a limited basis. Vacation coverage is arranged through an agreement with each individual client.

I have read the General Information and Fee Policy Document provided by Brenda S. Price, LCSW-LLC, and consent to abide by these guidelines during the time I contract for services. I understand and agree to the terms of this contract and by attaching my signature to attest that I am responsible for all payment incurred for direct psychological services as well as services related to my case by phone, meetings, missed appointments, or otherwise.

Client's Printed Name

Signature of Client/Responsible Party

Date