

**Payment Contract for Services**

Name(s): \_\_\_\_\_

**Fees for Professional Services**

- Initial Assessment - \$150.00      Individual Psychotherapy - \$110.00 (50 minute clinical hour)
- Family Sessions - \$135.00

- Payment or insurance co pay must be made at the time of session by cash, check, or credit card.
- A charge of \$25.00 will be made on all returned checks.
- A fee of \$70.00 is charged for missed appointments or cancellations with less than a 24-hour notice.
- Phone contact made by or on behalf of a client that exceeds 10 minutes will be charged \$25.00 per 15-minute increment.
- If I am called as a fact witness in a legal case, the fee is \$200.00 per hour plus travel and preparation time.
- Any reports or letters written on behalf of the client will be charged \$100.00 per hour.

**Insurance**

It is client responsibility to contact your insurance company regarding mental health benefits. Deductible, Coinsurance, and Co-payment amounts are client responsibility and are due at the time of service unless prior arrangements have been made.

Ms. Dearing will file your insurance as a courtesy; however, you are responsible for payment if your insurance has not paid within sixty days.

**Estimated Insurance Benefits**

Judy Dearing, LCSW has been informed by either you or your insurance company that your policy contains (but is not limited to) the following provisions for mental health services:

- Deductible Amount \$ \_\_\_\_\_ Coinsurance Amount \$ \_\_\_\_\_ Co-payment Amount \$ \_\_\_\_\_
- The policy limit is \_\_\_\_\_ visits per year.

**Securing Services**

In order to ensure payment, Ms. Dearing requests your credit card information. Your card will be charged in the event that payment (including insurance deductible or co pay) is not made on the date of service, if after sixty days your insurance has not paid, an appointment is cancelled with less than 24 hours notice (except emergency situations), or the client authorizes the credit card to be used as the method of payment.

Type of Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_ V-code (three or four digit code \_\_\_\_\_

Home Address: \_\_\_\_\_

Your signature is an acknowledgement of understanding about the above information.

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