

Kara Bates, MA, LMFT

Financial Agreement Form

The following policies are provided for our mutual understanding and agreement. These policies protect both the client and therapist from any misunderstanding or false expectations. If you have questions or concerns about these policies, please discuss them with me before signing the agreement form.

- The standard fee for a 45 minute individual session is \$120 and for a couple's or family session is \$135. If you are utilizing insurance to pay for your sessions, the session cost is equaled to your co-payment or co-insurance unless you are still paying your deductible. Please be aware that the contracted insurance rates vary based on session length, services provided, and your individual insurance provider.
- Visa, MasterCard and cash are accepted as methods of payment.
- Payment is due at the beginning of each appointment. If paying by credit card, your card will be charged the session fee immediately following your appointment.
- This practice's policy is to securely store a credit card number on file that can be used for all charges. All clients must complete the credit card authorization form prior to starting therapy.
- **You must provide at least 24 hours notice of cancellation.** In the event of a cancellation or missed appointment without at least 24 hours notice, you will be charged the standard session fee (not your co-pay or co-insurance fee) on the credit card you provided. All therapy services will be terminated until payment is received. **Please note:** Insurance will not pay for missed or cancelled sessions. Therefore, if you fail to provide at least 24 hours notice of cancellation or do not show for an appointment, you will be responsible to pay the session fee. This fee will be charged to the credit card on file.

By initialing, I am agreeing to this policy: _____

- If you are at least 15 minutes late or more to three appointments within a 2-month time period or cancel three or more appointments within a 2-month time period, therapy may be terminated. If you have three no shows and/or same day cancellations, your therapy may be terminated. If your therapy is terminated, you may not be eligible to return to my practice.

By initialing, I am agreeing to this policy: _____

- Exclusions to the cancellation police include: injury, illness, extreme weather conditions, and a family emergency. Exclusions and exceptions will be considered on a case-by-case basis if/when they occur.
- In addition to therapy sessions, please be aware that you will be charged a fee prorated at the hourly rate for work conducted between sessions. This includes, but is not limited to: phone conversations which exceed 10 minutes in length, filling out forms generated on your behalf, and creating and sending documentation also generated on your behalf such as letters or treatment summaries.
- Due to the complexity and difficulty of legal involvement, court involvement (including preparation, travel time, and court attendance) is billed at a separate rate of \$320 per hour.
- If circumstances arise during treatment that make it difficult for you to meet your financial obligations, please feel free to discuss available options with me. Failure to pay for services will lead to termination of treatment until the full balance is paid. Also, according to Colorado state regulations, I may turn over delinquent accounts to a collection agency, and you may be responsible for collection and attorney fees.

- At this time, I accept the following insurances: Aetna, Cigna, Value Options, and Blue Cross Blue Shield. For these insurance carriers, you are required to pay your co-payment or co-insurance at the time of service. If you have a deductible that hasn't been met, you are required to pay the contracted rate for the service provided until the deductible is met at which time you would pay your co-payment or co-insurance. Please let me know if you would like a list of the contracted rates for your insurance company. If you wish to use insurance not accepted by my practice to cover the cost of therapy, it is your responsibility to pay the standard session fee at the time of session and submit the necessary paperwork directly to the insurance company for out-of-network reimbursement. I am happy to provide monthly statements as needed. **Please note:** If your insurance company denies the claim, you are responsible for the entire payment. In addition, you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
By initialing, I am agreeing to this policy:_____
- You will be provided 30 days notice to any policy changes, including fee changes, unless previous arrangements were made.

By signing this financial agreement form, I acknowledge that I have read, fully understand, and agree to the policies and terms contained herein.

Client name (please print)

Person responsible for Payment

Kara Bates, MA, LMFT

Date

Date