

FEE SCHEDULE

\$ for 45 minute session.

Phone Calls: there is no charge for brief calls, but any call over 10 minutes is prorated at the individual fee. For services performed outside of my office, I charge my individual rate for the time that I am out of the office on your behalf. A different fee applies for time spent on legal matters such as depositions, etc. I understand and agree to all professional policies and to meet all financial obligations.

PAYMENT POLICY

FULL PAYMENT IS DUE EACH SESSION.

In any instance where there is an outstanding charge, late payments over 30 days will be assessed a finance charge of 1.75% compounded monthly. In the event that arrangements to pay past due amounts are not made, accounts may be sent to a collection agency.

INSURANCE

Many health insurance policies cover out-patient psychotherapy services by a licensed mental health provider. Please check your policy to determine your insurance coverage, as not all types of treatment may be covered by insurance. Your billing statement includes all of the information required by the majority of insurance companies. If your insurance company needs more information, I will be happy to provide it at their request and with your written permission. It is your responsibility to file your claim, collect your payments or negotiate a settlement on a disputed claim.

APPOINTMENTS

Your appointment is reserved for you. Since I am unable to fill a cancelled or missed session on short notice, it is important that you notify me at least 24 hours in advance if you must cancel. If there is less than 24 hour notice for a cancelled appointment, I will need to charge you my full fee for the time.

OFFICE HOURS

Although my appointment times for client sessions may vary throughout the week, my normal office hours are Monday-Friday, 9 a.m.-6 p.m. I can be reached during these hours by leaving your name and phone number on my telephone recorder. I will make every effort to return your call as promptly as possible. If I am unavailable for a period of several days (such as a vacation, etc.) I will leave instructions on my telephone recorder about contacting another professional.

EMERGENCIES

My philosophy with respect to out-patient private practice is that clients are not in need of day to day supervision such as clients in an inpatient hospital setting. A list of options for after hours support or crisis services will be provided for you. Clients need to discuss any expectations of after hours care with me upon intake, so that if necessary, an appropriate referral can be made.

CONSENT FOR TREATMENT

I authorize my practitioner to carry out psychological treatment which now or during the course of my treatment become advisable. This treatment will be explained upon my request and is subject to my agreement. I understand that while the course of my treatment is designed to be helpful, my practitioner can make no guarantees about the outcome of my treatment. The psychotherapeutic process can bring up uncomfortable feelings and reactions such as anxiety, sadness and anger. I understand that this is a normal response and that these reactions will be worked on between my practitioner and me.

Client Signature: _____

Date: _____

Nancy K. Vermeersch, LISW