

- NOTICE TO ALL CLIENTS -

Fee Schedule 2008

Like most aspects of healthcare, mental health reimbursements have been dropping significantly the last few years. I am now reimbursed at rates significantly lower than twenty years ago when I first graduated. In addition, compliance to the Federal Health Portability Accountability Act (HIPPA) and changes in state regulations has increased administrative costs for me. I have reduced staffing, added mandated privacy safeguards, and implemented changes in policy and procedures that touch all aspects of my practice. My personal intention is to provide comprehensive counseling and EAP services that meet my client’s needs, regardless of insurance rates.

I do consistently charge for any missed appointment without 24 hour notice of cancellation.

*** There is no charge incurred for Employee Assistance Program visits prepaid by your employer.**

Psychotherapy Fees:

- Individual Initial Assessment ----- \$125.00
- Individual Follow-Up Session ----- \$105.00
- Marital Assessment ----- \$135.00
- Marital Follow-Up Session ----- \$115.00

Non-Payment of Co-Pay at Time of Session:

- \$20.00

Missed Appointment Without 24-hour Notice of Cancellation:

- This fee is equal to the above full-session fee, including a no-showed first session.
- This fee must be paid in full prior to setting the next appointment.

Any Return Phone Call Greater than 5 Minutes (regardless of whom I talk to):

- \$20.00 for 5 - 15 minutes
- \$60.00 for 15 - 30 minutes
- \$120.00 for 31 minutes or more

Reading Client Reports (psychological, legal, medical or personal written narrative):

- \$20.00 for 5 - 15 minutes
- \$60.00 for 15 - 30 minutes
- \$120.00 for 31 minutes or more

Report and Letter Writing (this excludes any court, supervisor, or other mandatory report):

- \$50.00 for simple one page letter or treatment summary
- \$125.00 for more complex reports, professional opinions, recommendations, etc.
- We reserve the right to adjust report fees according to individual circumstances.

Thank you for the confidence and trust that you have placed in me as your Clinical Counselor. I pledge to continue to provide you the highest quality services. I look forward to being your primary care provider for mental health needs now and in the future!

By my signature I agree that I have read and understand these fees and agree to abide by them:

Client Signature

Date

