



Financial Responsibility (Rates and Insurance)

You are responsible to provide your therapist with your insurance information at the initial session. Your therapist is happy to assist in the billing process however you must provide the accurate information. If your insurance coverage changes or lapses, you are responsible for informing your therapist immediately and provide them with your new information. If you no longer have insurance coverage, you will be responsible for the full session fee listed below.

You are responsible for verifying and understanding the limits of your insurance coverage. You are responsible for obtaining prior authorization for treatment from your insurance carrier. If you are needing assistance you can provide your insurance with the therapist's contact information. Please note that there are times when insurance misquotes benefits. In the event of a misquote, you are still responsible for your copay/coinsurance/deductible amount that insurance reports after claims are submitted. If your insurance denies your claim, you are responsible for the session fee. Please discuss any questions or concerns that you may have about this with your therapist.

If you choose to engage in therapy through **Brenda Sommer Therapy & Consulting** and your insurance does not have a contract with this provider, you may be responsible for paying the session fee up front and getting reimbursed by your insurance company on your own. We can provide you with a "super bill" that outlines the date of service, the session fee, your mental health diagnosis, and your therapist's contact information that will allow you to submit the claim to your insurance company. Please ask your therapist if you wish to discuss a written agreement that specifies an alternative payment procedure. A valid credit/debit card must remain on file in order to do this. You authorize this office to charge this credit/debit card for late cancels, no-shows, co-pays, deductibles, insurance denial for payment and any check returned from your bank.

Acceptable forms of payment include cash, check and major credit cards, and payment is expected at the time of service. There will be a \$50 fee for all cancelled checks. If for some reason you find that you are unable to continue paying for your therapy, please inform your therapist. Your therapist will help you to consider any other options that may be available to you at that time.

Current Fees: Initial Intake Appointment: \$150.00

60 Minute Counseling Sessions: \$135.00

30 -45 Minute Sessions: \$100.00

Patients with insurance: the negotiated rate with each insurance company. **Sliding Scale rates** can be discussed with individual therapist; therapist decision is final.

Copies of records, written reports, and/or letters: prorated hourly rate of \$100.

Returned Checks: \$50

Delinquent Accounts:

You understand that if you are not making payments within 60 days of services, your services could be terminated, or your provider could turn such payments into collections.

Acknowledgement:

By signing below, Client(s) acknowledge that Client(s) have reviewed and fully understand the terms and conditions of this Agreement. Clients(s) have discussed such terms and conditions with the therapist and have had any questions regarding its terms and conditions answered to Clients(s)' satisfaction. Client(s) agree to abide by the terms and conditions of this Agreement.

I, _____ understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges denied by my insurance carrier. Any assignment and authorization in no way releases me from said responsibility and imposes no obligation on my therapist to collect money on my behalf.

_____	_____
Client Printed Name	Date of Birth
_____	_____
Client Signature	Date
_____	_____
Guardian if Minor	Date
_____	_____
Witness	Date