

## Financial Agreement and Disclosures

Compassion Counseling Services, PC in compliance with national standards of ethics, is required to disclose all billing and financial matters regarding psychotherapy services. We are further required to have financial matters reviewed on a regular basis. As a client of Compassion Counseling Services, PC you understand:

1. The usual and customary rate for providing direct face-to-face psychotherapy services is:

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|-------------------------|-----------------|-------|
| • Initial Office Visit  | (60 minutes)    | \$150 |
| • Psychotherapy         | (45-50 minutes) | \$100 |
| • Psychotherapy (brief) | (25-30 minutes) | \$75  |
| • Family Therapy        | (45-50 minutes) | \$125 |
| • Couples Therapy       | (45-50 minutes) | \$125 |

2. You will be billed \$70 for not giving a minimum of 24 hours notification of cancellation. This outstanding balance must be paid prior to additional psychotherapy services being delivered.

3. Your copayment/payment toward deductible is due at the beginning of each session.

4. The returned check fee is \$30.

5. We also charge for our time when you require written correspondence. This is billed according to the amount of time utilized with a minimum fee of \$20. This would include correspondence such as letters to other practitioners, disability applications, report writing etc. Insurance will not pay for correspondence. We do not charge for customary insurance filing. Telephone/email consults are also billed at regular rates. The first 5 minutes we consider a professional courtesy to our relationship; thereafter, the time is billed at regular rates to the nearest quarter hour.

6. We will periodically review the financial status of your account to address questions or concerns you may have regarding reimbursement issues involving third-party payers and balances due to Compassion Counseling Services, PC.

Please discuss any questions or concerns you may have regarding the financial arrangements concerning your psychotherapy services. We hope we have clarified some of the more common questions we receive about your financial arrangements with our insurance companies and HMOs.

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Client Signature/Guardian Signature if under 18

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Date

Name of person(s) financially responsible: \_\_\_\_\_

Please provide an email where bills can be emailed: \_\_\_\_\_