



Transformative Vision

Rates and Insurance

Sessions last 60 minutes, unless extended appointment time is prearranged.

Session Fees and Billing Practice:

Payment of services is expected at the time of each session. A receipt will be provided. It is your responsibility to file with your insurance. I am happy to provide a superbill that you can submit to your insurance for reimbursement.

If payment for services is not made at the time of service and it is not a matter of special arrangements agreed upon by you and me, such payment must be made within 10 working days of the session in question AND before a new appointment can be made. If payment is not made within this time period, I have the option of informing you in writing, that future services may be jeopardized and even terminated. In this instance, I will provide you with names of other practitioners if requested.

Sessions last 60 minutes, unless extended appointment time is prearranged. At critical junctures, the therapist may prioritize allowing the client to work through an issue over interrupting and ending the session prematurely. If sessions are extended over 15 minutes additional fees may be charged in 15-minute intervals without prior verbal notification. I offer a limited number to reduced fee/sliding scale appointments.

Initial Session and Ongoing Sessions:

The connection between the therapist and the client is the foundation for exploration and change. When we first speak, you can tell me your concerns and we can schedule an initial intake session. During the initial intake session, we will go into detail about what brings you into therapy. You may also utilize this time to ask questions that are important to you about me or my practice.

If you decide to proceed with seeing me for therapy, we will schedule your weekly therapy appointment day and time. Sessions are 60 minutes and occur weekly.

Payment:

Payment of services including all applicable copays is expected at the time of each session. Multiple forms of payment are accepted for your convenience. These include Visa, MasterCard, American Express, Discover, Health Savings Account (HSA) and Flexible Spending Account (FSA).

Insurance:

I am currently paneled with Blue Cross Blue Shield and Aetna insurances. I am considered an Out of Network mental health provider through all insurance providers. It is my desire to focus on providing quality services to my clients that does not focus solely on insurance approvals. To find out if your insurance will cover my services or to find out how much you can expect to be reimbursed, prior to our intake session or first appointment, please call your insurance company to discuss the specifics of your mental health coverage. Below are some questions you should ask your insurance company regarding an “Out of Network mental health provider:”

- Do I have mental health insurance benefits?
- What is my deductible and has it been met?
- How many sessions per year does my health insurance cover?
- What is the reimbursement amount (usually a percentage of cost) per therapy session?
- Is prior approval required from my primary care physician?
- Do I need a certain type of diagnosis in order for my sessions to be covered?

Helpful links:

[What do I need to know about my insurance benefits?](#)

Cancellation Policy

Please call as soon as possible if you need to cancel your appointment. You are responsible for the cost of the session for cancellations received less than 24 hours before your scheduled appointment.

It is the client’s responsibility to cancel his/her appointment at least 24 hours in advance. Should you not cancel your appointment within 24 hours and fail to show for your allotted appointment time, you may be charged a full missed session fee.

If you fail to attend two consecutively scheduled sessions without notifying me, I will assume that you wish to terminate services and will notify you in writing that services have been terminated. Two consecutively cancelled sessions without prior notice may result in a loss of an established appointment time.

Client Signature or Parent/Guardian Signature	Printed Name	Date
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Client Signature	Printed Name	Date
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