

PAYMENT PLANS

Therapist: _____

Client: _____

Please choose the payment plan that best suits your needs:

A. Insurance

Advantage: You are reimbursed a portion of the fee.

Disadvantage: (1) You may need to receive permission for treatment from managed care. (2) You may be restricted in your choice of therapist. (3) A third party will have access to your records. (4) Your employer may be made aware by its insurance carrier that you are receiving therapy. (5) Reimbursement may be terminated before treatment needs are met.

- _____ 1. Pay full fee out of pocket at time of visit. Insurance company reimburses you, except for the co-pay. Our office will be happy to file for you.
- _____ 2. If #1 presents a financial hardship, pay co-pay at time of visit. Sign an assignment of benefits form to cover remainder of fee. Some insurance companies require that only the co-pay be paid at time of service.

Signed: _____ Date: _____

B. Self-Pay

Advantage: You control all aspects of your treatment: (1) You are free to choose your therapist. (2) No one else is notified without your written permission (see exceptions to confidentiality in your hand out). (3) You may not receive a diagnosis of a "mental disorder." (4) You and your therapist decide when to end your session. (5) Privacy is assured.

Disadvantage: The fees come out of your pocket. You are not reimbursed.

- _____ 1. You pay the full fee at the time of your visit. A 10% per session discount is offered for this plan, only because of reduced cost to us since we will not be billing insurance or you.
- _____ 2. You pay 50% of the fee at the time of service. The remaining 50% builds an accumulated balance. You may build a balance up to \$840.00, the maximum credit I am able to extend. (This covers 12 sessions). Monthly payments will begin after 12 sessions or when therapy ends, whichever occurs first. The amount of the payment will be at least equal to one full session fee so that the debt would be paid in one year or less. If three payments are missed, the account will be turned over to a collection agency.

Signed: _____ Date: _____