

Rates for Therapy Services and Billing Policies



Billing Policies and Rates for Therapy Services

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It is important for clients to understand my fees and policies. Please ask if you have any questions- it is important to me that you are fully informed. I am not in network with any insurance companies. I can provide a monthly invoice for you to submit to insurance for reimbursement upon request.

My services are private pay only, and the full fees are due on the date of service. You may pay by cash, check, or credit card. While clients are actively involved in therapy, I require a credit or debit card to be left on file in the ICFE secure, encrypted PCI-compliant system to cover outstanding balances, including return check fees and no show fees. If you prefer to pay for services with cash or a personal check, please let me know so I can indicate this preference in your file. Your signature on this form indicates your consent to store your credit card information electronically and charge your card for services received and fees as described below. Health Savings Account cards may also be kept on file as the primary form of payment but we must still have a back-up credit card on file in case HSA funds are depleted.

IF SOMEONE BESIDES A CLIENT IS PAYING FOR SERVICES, A SIGNED AUTHORIZATION FORM AND A COPY OF THE CARD HOLDER'S DRIVERS LICENSE WILL BE REQUIRED.

Clients can view their accounts, request statements, and pay outstanding charges via their Therapy Appointment client portal. Clicking on the payment line will allow you to view or print the receipt.

By signing your name below, you authorize ICFE to keep your credit card on file and to charge your credit card for services and other outstanding charges. You have the right to request your credit card to be removed via written or verbal request.

Please be aware that I require at least 24-hour notice for any cancellations or rescheduled appointments, otherwise the full fee for the scheduled session will be charged to the credit card you leave on file with ICFE.

My rates for psychotherapy are as follows:

Individual psychotherapy (50 minute session).....	\$175
Individual psychotherapy (90 minute session).....	\$265
Child-focused (under 18) family therapy (50 minute session)....	\$175
Family therapy (50 minute session).....	\$175
Couples therapy (50 minute session).....	\$175
Couples therapy/discernment counseling (90 minutes).....	\$265

No Surprises Act

After our initial session, I will discuss with you the treatment options and potential treatment plan, including number of sessions, recommended to meet your therapy goals. In compliance with the No Surprises Act, I will provide a Good Faith Estimate (GFE) of costs, and the GFE will be updated in the event of a change in treatment plan or diagnosis. However, please be aware that fees per session only change based on the modality of services, not the diagnosis or treatment plan. Fees and cost for therapy are based on modality of services and the time spent in therapy sessions.

You may choose to stop therapy or transfer to a different therapist at any time. Therapy is voluntary and you as the client determine how many sessions you want to attend. Therapy clients should also be aware that many things outside the therapy session that impact how quickly therapy goals are met, and if the goals are met at all. The variables that impact the pace and effectiveness of psychotherapy include: clients' follow through on 'homework' and changes suggested in therapy, health of the clients' support system, the severity and length of history of the problem being addressed, stressors unrelated to problem (such as employment, financial, extended family), clients' physical health and illness, and many other factors. Psychotherapy, and especially relational therapy focused on couple or family issues, is unlike treatment for most medical conditions where, after accurate diagnosis, a concrete and time-specific intervention can be recommended. My goal is to be transparent with you throughout the

therapeutic process to ensure you are fully informed and able to accurately anticipate costs for services.

***Litigation and Court Related Fees**

I became a therapist based on a genuine desire to help people and families be healthy both individually and as a whole. I do not find it therapeutically helpful in most cases for me to be involved in any way in client litigation. If during the course of therapy, you become involved in any legal proceeding including but not limited to divorce, custody dispute, or personal injury suit, you agree that you nor your attorneys, nor anyone acting on your behalf will subpoena records from my office or subpoena me to testify in court, in a deposition, or in any legal proceeding. I will NOT perform social studies or custody evaluations. I will NOT provide recommendations regarding possession, custody, access to or visitation with minor children. I will NOT provide legal advice. I will NOT provide medication or medical advice. These services are not within the scope of my practice.

If you choose to involve me in your litigation, it is important for you to understand that therapy fees are not the same as fees related to litigation or other legal involvement. My hourly charge for all time spent outside of therapy sessions related to court cases or litigation is \$350 per hour. You also agree by your signature below to make the required payment for the time I must spend dealing with your litigation, including but not limited to speaking with attorneys, writing treatment summaries, responding to a subpoena, and attending a court hearing to give testimony. If I am subpoenaed to provide records or testimony in violation of this agreement and against my stated wishes, you also agree to pay for all my professional time, including but not limited to preparation, record review, transportation charges (door-to-door), waiting time, and time spent testifying in court or deposition regardless of which party issued the subpoena or requires me to testify.

If I am required to testify in court or give a deposition in Bexar County, I will require a retainer in the amount of \$2100 (6 hours at \$350 per hour), which will include preparation time, travel time (door-to-door), and attendance at any legal proceeding. If I am required to testify in court or give a deposition outside Bexar County, I will require a retainer in the amount of \$2800 (8 hours at \$350 per hour), which will include preparation time, travel time (door-to-door), and attendance at any legal proceeding.

By your signature below, you agree to pay the applicable retainer no later than 48 hours prior to the litigation event.

If the testimony or deposition exceeds 6 hours in Bexar County or 8 hours outside Bexar County, your credit card on file will be charged \$350 per hour for every hour spent at any legal proceeding, including court or deposition.

By your signature below, you agree that I will issue an itemized statement showing the breakdown of time and you further agree to that the amount of the invoice can be charged to the credit card on file. When I go to court or give a deposition, I have to clear my schedule and not see other clients so there is a 48-hour cancellation policy for court and depositions. For example, if the court appearance or deposition is scheduled for a Monday, I must be notified of any cancellation by Noon on the Thursday before. Any cancellations that occur within that 48-hour time frame are non-refundable. I will accept credit card, money order or cashier's check for payment of fees related to court appearances or deposition. No personal checks will be accepted for these services. All payments are due 48 hours prior to the scheduled court appearance or deposition.

By your signature below, you expressly authorize me to charge the credit card on file for any fees related to litigation and court appearances unless you notify me that you intend to make payment by cash, money order or cashier's check.

Finally, if I am subpoenaed to provide records or testimony in violation of this agreement and against my stated wishes, I reserve the right to terminate our professional, therapeutic relationship immediately and refer you to other mental health providers.

THIS AUTHORIZATION EXPIRES 6 MONTHS FROM THE DATE OF MY LATEST THERAPY SESSION.

Client Signature

Date

mm/dd/yyyy

Client Legal Name - First, Last