

**COUNSELING ASSOCIATES, INC.**  
**FEE AGREEMENT and INSURANCE INFORMATION**

(Please Print)

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_, 20 \_\_\_\_\_

**IT IS IMPORTANT THAT YOU VERIFY YOUR INSURANCE COVERAGE. YOU ARE RESPONSIBLE FOR PAYMENT FOR SERVICES NOT PAID DIRECTLY TO COUNSELING ASSOCIATES, INC., BY YOUR INSURANCE COMPANY.**

1. **Charges for services:** The fee per session for your therapy is \$\_\_\_\_\_. Fees may change from time to time. To the extent possible, you will be notified well in advance if this is going to occur. Also, if you schedule a psychiatric consultation, the fee might differ from the fee for your regular therapy sessions. If you have insurance coverage, read the items listed under #2. If you do not, you are personally responsible for the payment for all services rendered at the clinic. Unless other arrangements have been made with your therapist, payment is expected at the time services are rendered.

**\*BE SURE TO NOTIFY YOUR THERAPIST OF ANY CHANGES IN YOUR ADDRESS OR TELEPHONE NUMBER\***

2. **If you have Insurance:** Insurance only covers the cost of sessions you attend. Most therapists have policies regarding charges for missed sessions (see #3 below).
- a. If you have a deductible under your health insurance policy, all charges for your therapy are your responsibility until this deductible is met.
  - b. When fees for your therapy are paid fully or in part by your insurance company, you might have an annual maximum beyond which your insurance will not pay. Once your maximum is met, the full cost of therapy becomes your responsibility. If your insurance company pays for a portion of your therapy, the remaining portion (your co-pay) is your responsibility.
  - c. Your insurance company may utilize a managed care company which must authorize any services provided as a precondition to insurance covering these services. Discuss with your therapist whether this will apply to your therapy.
  - d. Under some insurance, there is no provision for the direct payment of fees to Counseling Associates, Inc. In this case, you are responsible for paying the full fee to this clinic. However, upon submission of copies of your paid invoices to your insurer, many companies will reimburse you for a portion of what you have paid. You should contact your insurance company to obtain specific information about reimbursement; this information will not be provided to anyone other than yourself or a member of your family (clinic personnel cannot obtain this information on your behalf).
  - e. If you are bringing a child to therapy and both you and your spouse have health insurance, it is necessary to clarify which parent's insurance will apply. In a divorce situation, the parent who brings the child for therapy is responsible to Counseling Associates, Inc., for the payment of any and all charges not paid directly to the clinic by insurance. This is clinic policy! If a divorce decree or other legal document provides otherwise, the parent who brings the child to therapy still must pay the clinic but may have legal remedies for reimbursement from another party.
  - f. Your insurance company will be billed starting with the month in which you give us your insurance card and information. We cannot bill retroactively for appointments. Dates prior to notification of current insurance will be your responsibility.

**\*BE SURE TO INFORM YOUR THERAPIST OF ANY CHANGES IN YOUR INSURANCE\***

3. **Missed Sessions:** Most therapists have policies regarding charging for sessions that are scheduled and then not attended. Discuss with your therapist the nature of his or her policies about missed sessions. In addition, there will be a charge for missed psychiatric consultations unless cancelled at least 24 hours in advance of the scheduled appointment.

4. All copayments are due at the time of each session.

Client: \_\_\_\_\_ Therapist: \_\_\_\_\_

Date: \_\_\_\_\_, 20 \_\_\_\_\_