

Statement of Agreement/Fee Policy

*Thank you for choosing us as your health care provider. We are committed to your therapy being successful.
Please understand that payment of your bill is considered part of your therapy.*

As we begin the counseling process, it is in the best interests of both client and therapist to have a clear understanding and agreement about the financial aspects of this process. Please review the information below. If you have questions, feel free to discuss them with your therapist. If you are in agreement with what you've read, then please sign your name at the bottom of this form.

The Samaritan Center's **Basic Fees** for sessions are as follows:

Therapist	Initial Intake	30-44 Min	45-52 Min	53-60 Min	Family Therapy	Group Therapy
Intern	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	NA
Resident Master's Level	\$110.00	\$60.00	\$90.00	\$105.00	\$105.00	\$55.00
Licensed Master's Level	\$145.00	\$70.00	\$110.00	\$135.00	\$130.00	\$55.00

- A.** Payment/copayment/co-insurance is expected at the time of service unless arrangements have been made prior to appointment.
- B.** If applicable, we will be happy to file standard insurance claims if your therapist is on your insurance panel. If for any reason your claim is denied or not fully paid, the balance is then your full responsibility.
- C.** It is the policy of The Samaritan Center to charge our standard fee for all clients who have insurance coverage for psychological services, whether or not clients choose to file for this reimbursement. The client is responsible to make payment whether or not the client agrees with the insurance carrier's decision.
- D. Missed appointments:** Unless canceled at least 24 hours in advance, we reserve the right to charge at the rate of a normal office visit. Insurance does not reimburse for missed appointments, therefore this fee becomes your responsibility to pay **in full**. Also, financial assistance will not be given for a no show or late cancellation session and you will be responsible for the full fee. If a pattern of no shows/late cancellations emerges, this will be discussed with your therapist.
- E.** Other charges for services rendered that require more than nominal time will be discussed with your therapist. Examples include: report writing, court appearances, legal paperwork, etc.

Fee Assistance: If you are applying for Financial Assistance from one of our many funds available, an application must be filled out prior to your first session or full fee will be charged at the first session (intake) and all sessions following until the application is completed in full (including all proof of income needed). Once the application is received and/if Financial Assistance is granted, a credit **MAY** apply to any previous sessions where you paid over the fee assistance granted, up to the allowable sessions granted under the fee assistance program.

You may request that your fee arrangements be reevaluated at any time. The arrangements should be reviewed when there are changes in your financial circumstances. The Samaritan Center reserves the right to initiate collection procedures for unpaid bills.

Print Client Name: _____

_____ Date: _____

Signature of Financially Responsible Party

Either Client Signature (or appropriate Guardian signature if Minor)