

FINANCIAL POLICY

Nadine Rosen, MA, LCMHC, NCC

Below are the terms of agreement regarding payment for services:

1. Session fees are based on a clinical hour, which is defined by the insurance providers as 45-50 or 53-60 minutes direct with the counselor or professional.
2. If I, the client, fail to appear for an appointment without a 24-hour notice of cancellation, appointment fees will be charged and I will be responsible for payment. **I agree that any overpayment made during the course of therapy may be used toward a missed appointment/late cancellation fee and /or that a credit card on file may also be used.**
3. I understand that if I am late to a session, that session will end at the time originally scheduled. It is my responsibility to arrive on time.
4. Services including phone calls, emails, record reviews, and professional consults at times other than the scheduled therapy session are the patient’s responsibility. These services will be billed per quarter of an hour.
5. I authorize my health insurance to provide payment of benefits to Nadine Rosen, *MA, LCMHC, NCC*
6. I understand records of my treatment may be shared with my insurance company when necessary to process claims.
7. I understand I am responsible for payment if my insurance company declines payment.

Therapy/Assessment Fees:

90791 Initial Intake Assessment	\$190
90837 Individual Therapy, 53 minutes	\$170
90834 Individual Therapy, 45 minutes	\$160
90847 Couple/Family Therapy	\$170

CHARGES NOT GENERALLY COVERED BY INSURANCE:

Phone Sessions	\$170
Letters/Report/Forms/Professional Consultation	\$170 (pro-rated on hourly basis)
Legal/Court-related fees (Preparation, transportation, testimony)	\$200/hour (minimum of 4 hours)
Missed Appointment/Late Cancellation (less than 24 hour notice)	\$100

I have reviewed this document and understand the contingencies stated above. I understand the policy and by my signature below, I agree to be bound by the terms of this policy.

_____ Date: _____
Client Name

_____ Date: _____
Signature of Client or Responsible Party (if client is a minor)