

**Below are the terms of agreement regarding payment for services, effective February 1, 2026:**

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 (if the courtesy automated reminder service fails to send a message, you are still responsible for the scheduled session and the associated fees if the appointment is missed). **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. If you anticipate being late, please contact me ASAP. If you arrive more than 20 minutes late, the session will need to be rescheduled. Arriving with only the final portion of the session remaining does not allow for clinically appropriate care and may not meet insurance requirements.
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. If I elect to use insurance, 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.
8. **A credit card will be put on file for the first session, after that acceptable forms of payment include Zelle, Cash or Checks. \*A \$5 discount will apply to those forms of payment.**

**Therapy/Assessment Fees:**

90791 Initial Intake Assessment	\$210
90837 Individual Therapy, 53 minutes	\$190 *
90834 Individual Therapy, 45 minutes	\$180 *
90847 Couple/Family Therapy	\$190 *

**CHARGES NOT GENERALLY COVERED BY INSURANCE:**

Phone/Virtual Sessions	\$190 *
Letters/Report/Forms/Professional Consultation	\$190 (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)	\$125

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)