



Financial Policy

Fees, Billing, and Overdue Payments

My standard charge is \$110 per session unless we have made arrangements otherwise. A payment of cash, check, or credit card (Visa, MasterCard, Discover) is due at each session. **Late cancellations or missed appointments will be billed the full rate per appointment**, so be sure to cancel within 24 hours notice.

I bill case management in increments of 20 minutes, so any phone calls, document reviews, consultations, or letter-writing over 20 minutes will be billed at \$30 per 20 minutes. Court preparation and appearances are billed at \$250 per hour, and require an up-front retainer. There is a \$20 service charge for all returned checks. **I require a credit/debit card number to be kept on file, no matter what form of payment you choose, for my cancellation/no show policy.**

Schedule of Fees

Service or Fee Description	Fee
Individual/Play Therapy (50 minutes)	\$110 session
Family therapy (50 minutes in office)	\$130 per session
Family Therapy (75 minutes in office)	\$160 per session
In-home family therapy (90 minutes in-home)	\$200 per session
Group Therapy (time varies depending on group)	\$40-\$80 per session
Case Management (phone calls, consultations, meetings, letter writing)	\$30 per 20 minutes
Court Preparation/Apearances (including preparation, travel, and wait time)	\$250 per hour (retainer required)
Late Cancellations/Missed Appointments	Full session fee
Returned Checks	\$20 per check

*I revisit my fee structure annually and increases in our agreed upon rate may occur to reflect cost of living increases, training, and experience. You will receive a minimum of 4 weeks notice should our fee agreement change and you will have the option of continuing at the new rate or receiving a referral if preferred.

Crime Victim Compensation

If you or your child qualifies for Crime Victim Compensation (CVC), Larimer, Weld and Adams county pay a set fee (currently \$80) for sessions. I will bill CVC on a monthly basis and you are not responsible for any difference in fee. If you apply for CVC and are waiting to hear if you are accepted, you may pay the \$80 per session CVC fee until you hear on the status of your application. If you are accepted, I will reimburse the money you have already paid; if not, you are responsible for all previously accrued fees.

Please note that CVC does not reimburse for case management, attendance of meetings, document review, court preparation or court appearances. **Also note that CVC does not reimburse for no shows or late cancellations. If there is less than 24 hours notice of cancellation or if you miss your appointment, you will be billed at my standard fee of \$110 an hour.** When you are close to having used all of your CVC funds, I will notify you and we can come up with a plan for future payments. Once your CVC funds are exhausted, you are responsible for any, and all accrued fees thereafter.

Agreement

I have read and understand this financial policy and agree to the above stated fees and procedures. I am responsible for the amount of \$_____ per session and agree to pay this amount at time of service.

Client Name (please print)

Parent or Guardian Name

Client Signature (if necessary) Date

Parent or Guardian Signature Date

Therapist Date