Financial Policy and Fee Agreement

Fees:

- Initial evaluation session is charged at the rate of $400.
- 45-50 min psychotherapy and pharmacotherapy $ 235
- 20-30 min medication management $100
  - available if you are regularly receiving therapy elsewhere
- If time is required outside of direct therapy, a $200 rate per hour will applied.

No show Fees are the sole responsibility of the patient, and will not be billed to insurance. Appointments not cancelled 24 hours in advance are charged $70.

Payment: Services are to be paid for in full at the time of each visit, unless PDX Mindful Therapy LLC is a contracted, or in-network, provider under your insurance policy, in which case your co-pay, co-insurance, and/or deductible will be due. Please have your payment available at the beginning of each visit so that valuable session time is not used. Cash, Check, and credit cards are accepted.

Health Insurance: Your visits may be covered by your health insurance policy. Reimbursement policies differ from one insurance company to another. You are responsible for knowing the details of your insurance coverage. As a courtesy a verification of benefits will be provided to clarify coverage. You are responsible for obtaining authorizations as required by your health plan. If you have questions regarding your coverage it is recommended that you contact your insurer directly.

If PDX Mindful Therapy LLC is a contracted, or in-network, provider under your insurance policy, then the policies and procedures of your Managed Care Plan will govern fees and payment of fees for professional services.

NSF / Returned Checks: NSF / Returned checks will be subject to a $25.00 service fee.

Collections: Your account may be turned over to a third party collection agency if we are unable to collect from you directly. The collection agency may be notified of the nature of the services provided. You will be responsible for all costs, including attorney fees and court fees, associated with the collection of monies due.

I have read and understand the above stated information.I understand that I am financially responsible for all charges, regardless of insurance, unless otherwise written by PDX Mindful Therapy LLC.

Patient Signature ____ Date:

Patient Name (Please print)________________________________