Fee Agreement

Financial Agreement and Authorization To Charge Credit Card

- I acknowledge and agree to the following fee schedule (with the exception of First Responders who use Provident to cover their services):
 - -Individual psychotherapy, 50 minutes: \$150
 - -Couples or Family, 50 minutes: \$200
 - -Any phone conversation over 5 minutes will be charged at a prorated fee based on \$150/hour. This may include collateral contacts.
 - -Phone coaching: \$15 per session (1 coaching session is defined as a 5 minute phone call or one text from clinician that is focused on skills).
 - -We may arrange a longer session in advance, and that the fee will be adjusted based on the standard rate of \$150/hour.
 - *Sessions with our intern are half the rates quoted above (i.e., \$75 per individual, \$100 for couples, etc.) and may be negotiable if we are presented with evidence of financial hardship.
- I understand that Emerge Counseling & Art Therapy does not accept insurance.
- I understand that Emerge Counseling & Art Therapy can provide a superbill, which will require diagnosis, that I can submit to my insurance if not in network.
- I understand that understanding my insurance company's out-of-network benefits is my responsibility.
- I understand that any appointments not kept, or any appointments cancelled within 24 hours of scheduled time will be charged at the full fee of the service (applicable to First Responders who use Provident to cover the cost of their services, as Provident cannot be billed for sessions unattended).
- I authorize Emerge Counseling & Art Therapy to charge my card, which will be kept on file using secure systems, for office charges.
- I acknowledge that full payment is due at the time of service. If my credit or debit card does not accept the charge or the check is returned, I agree to make the payment to the practice within 30 days of receipt. I understand that if I have not made a payment within 30 days, a monthly late fee of 1.5% will be added to all overdue invoices.
- If you refuse to pay your debt, Emerge Counseling & Art Therapy reserves the right to use an attorney or collection agency to secure payment.
- I understand that I may cancel this authorization at any time, but by doing so, I acknowledge that the balance owing will be due & paid in full.
- I acknowledge that credit card transactions could be linked to Protected Health Information.