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Licensed Mental Health Counselor (LH60550709)

FINANCIAL POLICY STATEMENT AND AGREEMENT

This statement/agreement details financial policy information including fees, insurance information, and cancellation/lateness policy as they pertain to our financial relationship. Please review it carefully and feel free to ask any questions you may have.

INSURANCE

If you have decided to seek therapy, for insurance purposes I am considered an “**Out of Network**” provider. This means I do not work directly with insurance companies for payment, but that you may be able to be reimbursed for our sessions by your insurance carrier if you do have an out-of-network benefit on your plan. My commitment to you is to provide you with the information and documentation needed for out-of-network reimbursement by your insurance carrier in a timely manner. However, you must provide full out-of-pocket payment for services when we meet for session.

Helpful to Know:

If you have insurance, mental health services may be covered either in full or in part by your plan. Any reimbursement/coverage provided by your insurance will be sent to you after services are provided and your account has a zero balance.

You can check out your coverage by asking your insurance provider the following helpful questions:

- **Do I have out-of-network mental health (outpatient) insurance benefits?**
- **What is my deductible and has it been met for this year?**
- **How many outpatient sessions per year does my health insurance cover?**
- **What is the coverage amount per therapy session (i.e., reimbursement rate)?**
- **Is approval required from my primary care physician?**

STANDARD FEES

The fees listed below are for services provided and may be subject to change. In legalese, I reserve the right to change these fees for all clients as the practice evolves or requires this shift. I will notify you at least one month in advance in order for you to make an informed decision about whether you wish to continue our work together.

Therapy Current Fees:

Initial Intake Session (60-80mins): \$175.00

Individual Psychotherapy (60mins): \$150.00

Couples Psychotherapy (60, 75, or 90mins based on arrangement): \$175-\$210

Mental Health Professional Consultation Session (60mins): \$150.00

Customized Workshop for Groups, Agencies, Community, etc.: Let's Talk!

YOUR JOB WHEN IT COMES TO PAYMENTS

Payment is due at the time of our appointment, as it is crucial to our work that neither one of us feel burdened by outstanding balances.

Important Things to Note:

1. Initial appointments or "Intake Sessions" are \$175. After this, hourly psychotherapy appointments are \$150 per standard session.
2. Payments may be made by cash, check, credit card, SquareCash, or online via PayPal using my email address to access my account.
3. If payments cannot be made at/near the time of our appointment, please speak with me about your situation right away.
4. With prior conversation or arrangements made between us, payments may be submitted every two weeks but not extending beyond the two weeks unless otherwise arranged.
5. Appointments may need to be placed on hold until balances are paid in full.
6. If monthly balances are not paid in full by the month's end, a \$25 flat monthly late fee will be charged.
**Please note this late fee is not refundable by your insurance carrier. This fee will be applied following the last day of every month where unpaid balances are applicable. No exceptions will be made.
7. Please speak with me about options for reduced rate sessions based on financial need. I typically reserve a couple of spots for this purpose.

Important Things to Remember:

1. I do not bill insurance directly.
2. Monthly statements will be emailed at the end of each month providing record of all appointments and payments for the month.
3. If you need a statement issued prior to the end of the month, please call or email me with this request. Otherwise, you can plan on statements being emailed to you by the 5th of the new month.
4. Most insurance carriers prefer reimbursement submissions reflecting a balance paid in full. In order to obtain this record as such, please make sure all session payments are submitted prior to the end of the month.

Unpaid Balances

If your balance due remains unpaid for over 90 days with no payment arrangements made, the amount owed will be relinquished to a local collection agency; thus, releasing your name and billing information to a third-party. I will attempt to notify you directly or via a contracted billing service provider prior to contracting with a collection agency should this be applicable.

**Information specific to your therapeutic work will remain confidential.

24 HOUR CANCELLATION POLICY

Things come up! I get it. However, if you need to cancel your appointment, you must let me know at least 24 hours in advance or you will be charged for the full rate of the session missed.

Cancellation & late arrival phone number: **206.348.7682**

A Couple of Things:

1. Missed sessions or cancellations within 24 hours of a scheduled appointment will be charged at the full agreed-upon hourly fee.

Reason for this policy: Notifying me of your intention to cancel or reschedule 24 in advance gives me an opportunity to schedule someone else for that time slot. This is important because others may be on a waiting list or may also be looking for an opportunity to reschedule for a different time. As much advance notice as possible is always appreciated.

2. Some exceptions may be made for illnesses and emergencies. Please be aware cancellation fees are not reimbursed by insurance coverage.

RUNNING LATE

Arriving late with notification: Please let me know you will be late—even a few minutes ahead of time—by calling or texting my cell: **206.348.7682**

With notice, your appointment time will be held for you and you will have the time that remains in that hour. As long as you arrive within your scheduled hour, you will not be charged for a missed appointment.

Arriving late without notification: I agree to wait for you for 15 minutes after your scheduled time. After that, I am going to assume you will not be attending your session and I may leave the office. In such a case, you will be charged for a missed appointment.

Thank you for taking the time to ensure we begin and maintain a healthy working relationship when it comes to finances. Please sign and date on the line below to state you understand and agree to abide by the policies listed above.

Signature & Date

Written Name & Contact Phone Number