**Fees for Professional Services**

I charge a rate of $90.00 per clinical unit of assessment and individual counseling (defined as a 50-60 minute counseling session) unless a different fee has been negotiated using the sliding fee scale (see below). **Fees will be collected at the time of your counseling session unless an alternate payment plan has been discussed.** Receipts can be provided.A fee of $25.00 is charged for missed appointments or cancelations with less than 24 hours notice.

**Sliding Fee Scale**

I am committed to good client care and therefore offer a sliding fee scale rate to clients who cannot afford my services. This rate is based upon client income and lifestyle circumstances. We will negotiate a rate that is fair to the therapy work I will be doing and takes into account your current financial situation. Most clients find that they are able to pay between $50-$90.00 per session.

**Health Insurance** **Billing**

I choose not to be on health insurance panels for a variety of reasons. First, I am able to keep my counseling fees lower by not hiring an employee to process insurance claims and manage billing. Secondly, confidentiality is not preserved to the fullest when insurance companies are billed; I am forced to share a diagnosis and a history of our work. Lastly, insurance companies often limit or dictate your mental health benefits which then restricts my ability to offer you good care.

**Out of Network Health Insurance Claim Submission**

I am happy to provide you with the necessary forms, codes, and other information you may need about our therapy work so that you may submit my out of network services to your insurance company for reimbursement. You will pay my rate up front out of pocket and your insurance company will then reimburse you a percentage back. Many of my clients have success using this format.

**Credit & Debit Cards**

I am able to process credit/debit card transactions using a professional application on my phone called “Flint.” Flint has taken extra caution to ensure that your privacy is protected with utmost care and according to industry PCI DSS standards and guidelines. No image scan or other sensitive card information is ever stored on my phone or Flint’s servers, and all information transmissions are encrypted. All information is immediately purged from my phone as soon as it’s transmitted to Flint and every transaction is run through a real time fraud detection screen prior to submission for authorization which protects both the client and myself from the misuse of Flint.

**Flex Spending Account & Health Savings Cards**

I am able to accept Flex Spending Account and Health Savings Cards using the Flint phone application payment system.

**Personal Checks & Cash**

Personal checks should be made out to Laura Lewis. Cash payment is also accepted.

**Returned Checks**

Any check that is returned for insufficient funds will be charged the amount of the check and a $25.00 processing fee.

*I accept this financial agreement. I agree to pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agreed upon rate) per counseling session.*

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_