

Johnson Counseling, Inc 1720 Iowa St. Bellingham, WA. 98225 (360)-647-5358

Fee Agreement

Fees and Payments

Intake assessments are 60 minutes long and therapy sessions are 50 minutes long unless agreed upon. Your session begins at the scheduled time, not when you arrive. Payments and co-payment for insurance should be made at the time of the appointment, unless we have specifically agreed another method of payment. I reserve the right to charge for telephone calls in excess of ten minutes, meetings that I am requested to attend on you or your adolescent's behalf, court appearances, clinical reports, and to charge interest for late payments. Intake assessment appointments will be billed at \$150.00/session and individual and family sessions are billed at \$120.00/session. I will provide case management services which will be billed at hourly rate of \$100.00 and needs to be paid by the client. Most insurance companies do not pay for these services. **I do not carry balances for bills incurred (other than insurance payments that are pending) past 30 days of time of service. Please bring co-payments and deductible payments to your session. Bills that are overdue by three months and no effort has been made to make payment arrangements will be sent to Physicians and Dentists Credit Bureau for further collections effort.**

Insurance

Some insurance plans cover the services of mental health counselors. You are responsible to discover whether your insurance company will cover my services. Please call your insurer and inquire whether your policy covers the services of a Licensed Mental Health Counselor, whether you need a physician's referral prior to seeing me, and what type of payment you are responsible for. In the case of certain insurance providers, I will do the billing for you, and you will only be required to pay the co-payment, if any. An agent of your insurance company or third party payer may require me to give information about your type, cost, treatment goals, dates of service and your progress in therapy if you are covered by insurance or EAP for services.

Missed or canceled appointments

Because your appointment time is set-aside just for you, **you will be charged for any session that you miss unless you give me 24 hours notice. There are no exceptions.** Please note that if your insurance company covers my services or by a government agency, they will not pay for late cancellations or missed sessions, and you will be responsible for those charges. I charge \$25.00 for returned checks fees.

Agreement of Client

I have read the above information and have had the opportunities to ask questions about it and to ask for a copy of it. I agree to the terms of services. I authorize Beth Johnson, MEd, LMHC to provide information to my insurance company or governmental insurer as necessary to support claims for reimbursement. I understand my obligation to pay for appointments missed or canceled without 24 hours notice. My signature below shows that I understand and agree with the above statements. By signing below, my therapist can keep my signature on file for payment of insurance benefits.

Signature of Client

Date:
