

Rates, Insurance and Payment Agreement

My rates are:

\$150 for the initial therapy session
\$120 per regular 50-minute session
\$140 for a 90 minute therapy session
\$20 per group session

Insurance Companies that I am an in-network provider for:

Cigna, Tricare, Maryland Medicaid, Champva, Multiplan, Compsych, MHN.

Insurance

Services may be covered in full or in part by your health insurance or employee benefit plan. Please check your coverage carefully by asking the following questions:

- Do I have mental health insurance benefits?
- Does my insurance accept out of network providers? (I may not be in your network.)
- What is my deductible and has it been met?
- How many sessions per year does my health insurance cover?
- What is the coverage amount per therapy session?
- Does my insurance pay for group therapy?
- What is my copay? (Usually paid to me each visit by the client.)
- Is approval required from my primary care physician?

Reduced Fee and Sliding Scale Fee

Reduced fee services are available on a limited basis. I am willing to talk about your situation to work something out. I may require you to provide proof of your financial situation. A sliding scale fee or reduced fee must be agreed upon prior to the first therapy session.

Payment

Cash, check and all major credit cards accepted for payment. Copays or full payments if you don't have insurance must be paid each session.

Clients with Out of Network Benefits or PPO Plans

In some circumstances, I may not be listed on your insurance plan and I may be considered an out of network provider. If you would like to see me for therapy, you will need to confirm with your insurance company that you have either out of network benefits or a PPO plan, which are the same thing.

It is recommended that you also find out what your deductible is for your insurance company and how much you have paid down your deductible. If still owe all or part of your deductible, then you will owe me the full payment for sessions until the deductible is paid. I will provide you with a claim that you send to your insurance company as proof that you have paid towards your

deductible.

After the deductible is met, then I will bill you just your copay and then, bill the insurance for the rest of the owed amount. **Please note:** In the case of Carefirst BC/BS, often they pay the client directly for sessions, since they assume that as the provider I have accepted the full session fee from you. It is expected that you will contact me once you have received payment from the insurance company and immediately pay me. Please don't wait until your next scheduled session. In addition to payment, the EOB will also be required to show proof of what the insurance company paid for each session.

In the case of insurances where I am out of network: (including CareFirst BC/BS)

I require half of my fee to be paid upfront at each session and I will bill your insurance for the rest. When you are reimbursed by your insurance company, then it is expected that you will pay me the remainder of the fee owed. Your insurance may state on your EOB (Explanation of Benefits) that they have an allowable rate per session. **Please note: since I am out of network for your provider, I am not bound to the allowable rate. Therefore, if your insurance pays less than my billed rate per session, you are responsible for the remaining balance for the session that the insurance has not covered.**

If your insurance company doesn't pay for sessions within 30 days, then you are responsible for paying me in full for all amounts owed to me. At that time, I will mail you a bill. If it is not paid within 10 days, then 2% interest will be charged for each day late. If in the event that 10 days have passed since the missed session and it has not been paid, then I will take the matter to small claims court.

For clients without insurance or who choose not to use insurance:

At times, clients choose to not use their insurance or may not have insurance. In this case, I will gladly discuss a payment arrangement or a reduced fee. I do however require that a deposit equally to one session fee be placed on file in the event that the client does not show up or cancels an appointment within the 24 hour period of their next session. Often I have had clients be now shows or cancel within the 24 hour period and then, not pay for the missed session. Given that I am being very considerate and allowing a reduced fee or payment arrangement, it is expected that the client will see fit to provide the deposit at the first session. At any time if the deposit is depleted, then it will need to be refreshed before a follow-up session is scheduled.

Cancellation Policy

If you do not show up for your scheduled therapy appointment and you have not notified me at least 24 hours in advance, you will be required to pay the full cost of the session. I will make sure your appointment is scheduled for the next week in the same time slot unless we make other arrangements. If cancellations take place two weeks consecutively and a prior arrangement hasn't been made, then I may not hold your regular time slot.

If you fail to pay for the missed session, then I will bill you a 2% late charge per day that the fee is not paid. If in the event that 10 days have passed since the missed session and it has not been paid, then I will take the matter to small claims court.

Payment Agreement:

I require that all clients provide me with a valid bank card or credit card number to be placed on file for billing purposes. In the event that a copay is owed or other balance is outstanding, the card will be charged. By signing below you are giving me permission to keep the card information on file and to charge the card only upon a balance being owed.

Card number: _____ **Expiration Date:** _____ **CVV code:** _____

Zip code: _____

Name on card: _____ **Signature:** _____ **Date:** _____

Statement of agreement of terms and conditions listed above:

I agree to pay Sara Cahanin, LCPC any and all copays or owed balances towards sessions rendered or sessions missed or canceled in less than a 24 hour period. In the event that I fail to pay a copay, unless an agreement is made prior to a given session, my bank or credit card will be charged. If at any time my bank card or credit card is rendered invalid or is not in service, I will provide another card to cover any and all balances.

In the event that my insurance coverage changes or ends, I will notify Sara Cahanin, LCPC immediately. If I do not have insurance coverage or it changes, I realize that I will owe for sessions provided.

Name: _____ **Signature:** _____ **Date:** _____

Address: _____

Phone number: _____

Email: _____