

Agreement to Pay for Professional Services

I am committed to providing you with the best possible therapeutic care.

The following sessions are billed as follows:

\$125.00 for the initial evaluation

\$ 100.00 for individual

\$150.00 for a 90 min session

\$50.00 for group sessions

With the exception of brief phone contact, you will be billed for phone therapy, emails or other professional services. Any paperwork coordination of care with other professionals will be billed at \$95.00 an hour. You will be informed of any services requiring additional payment before the services are rendered. You may request a receipt to submit to your insurance company for any covered services.

Insurance Reimbursement

I participate in a number of insurance plans. All insurance documentation will be submitted to your insurance company without charge. All deductible and co-payments are your responsibility. All co-payments are due at the end of each session. Please contact your insurance company to determine your benefits and co-payment amounts. The amount on your card may not be correct. In order to be sure of your payment, you must contact your insurance company.

No Show and Late Cancellations

Please give me at least 24 hours notice of cancellation of your appointment. I am not able to bill your insurance company for this session; therefore, you will be billed for the entire amount of the session. You will be billed immediately after the no show or late cancellation.

Delinquent Accounts

Accounts left delinquent for more than 30 days may result in your account being turned over to collections.

I agree that I am responsible for the charges for services provided by Laura L. Roman, LCSW.

Printed Name_____

Signature_____

Date_____