

# Practice Fees and No Show/Cancellation Policy

## APPOINTMENTS AND CANCELLATIONS

For private pay & Insurance:

Your initial appointment fee is due prior to appointment, to secure that slot. Follow up appointments will be charged the day of the session.

- Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. In addition, if you are late for a session, you may lose some of that session time. I will wait for 15 minutes after scheduled session time. At that time, you will be charged the no show fee.

## FEES

My private pay rates are as follows:

50 minutes: \$165- These is a standard session time

40 minutes: \$125- For established clients only

16-30 minutes: \$100- For established clients only

- Thrive for Life Therapy reserves the right to raise fees, with 30 day notice.
- A \$10.00 service charge will be charged for any checks returned for any reason for special handling.
- If you dispute allowable charges, this is grounds for therapy termination. This is due to a breach in the therapeutic contract.
- If Payment is declined at any time, you will be unable to schedule and attend further sessions until the balance due has been satisfied. This is to protect the therapeutic relationship and to prevent building unnecessary large balances that can be create a financial burden.
- Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. I will be available until 15 minutes after the start of your scheduled session. At that time, you will be considered a no-show and charged no show fees
- Your initial session is a Diagnostic Evaluation (90791). This is billed at the same cost as 53 minute individual sessions (90837). For this reason, the below estimate does not include a separate estimate for 90791 Diagnostic Evaluation. Below is an estimate of 53 minute therapy sessions.

***Service: Individual Therapy: 53 Minutes (90837 Service)***

***Number of Weeks Total Estimated Charges for 1 Session Per Week***

1 Week of Service \$165

13 Weeks of Service \$2145

(Approximately 3 Months)

26 Weeks of Service \$4,290

(Approximately 6 Months)

39 Weeks of Service \$6,435

(Approximately 9 Months)

52 Weeks of Service \$8,580

(Approximately 12 Months)

***Service: Individual Therapy: 38 Minutes (90834 Service)***

***Number of Weeks Total Estimated Charges for 1 Session Per Week***

1 Week of Service \$125

13 Weeks of Service \$1625

(Approximately 3 Months)

26 Weeks of Service \$3250

(Approximately 6 Months)

39 Weeks of Service \$4875

(Approximately 9 Months)

52 Weeks of Service \$6500

(Approximately 12 Months)

- If you request I consult with other healthcare providers, family members, etc., below are the charges.

***Minute Charges Total Estimated Charges for Consultation Per Time Requested***

0-10 Minutes of Service \$0.00

11-30 Minutes of Service \$100

31-45 Minutes of Service \$125

46-60 Minutes of Service \$165

- If you should need me to go to court for you, my minimum daily charge is \$2500, due to cancelled sessions and lost daily revenue. This is to be paid prior to my appearance or I will not appear.

***Number of Days Total Estimated Charges for Court Appearances***

1 Day of Service \$2,500

2 Days of Service \$5,000

3 Days Service \$7,500

5 Days of Service \$12,000

7 Days of Service \$17,500

- There may be a time where you request I fill out paperwork or write a letter for you. If approved, below is a table of costs associated with that.

***Number of Letters Total Estimated Charges for Letter Daily***

1 Letter Written \$75

0-9 Minutes of Paperwork \$0

10-30 Minutes of Paperwork \$100

31+ Minutes of Paperwork \$125

- You can determine your session length. Please note that all session fees are due day of session. I require a credit card on file, and it will be charged automatically on the day of your session.

**PAYMENT**

- I verify that my credit card information provided is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I also understand by signing this form that if no payment has been made by me, I will be unable to attend/schedule further sessions, and my balance will go to collections if another alternative payment is not made within thirty days.
- I authorize Thrive for Life Therapy to charge my credit/debit/health account card for professional services, the day of our scheduled appointment via SimplePractice, IvyPay, or Alma. If I do not cancel before 24 hours OR do not show up for my session OR do not show up for my session at least 15 minutes after session start, I understand I am considered a late cancellation, and I authorize my card to be charged for the full session rate automatically.

BY SIGNING, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.