

Fee and Payment Agreement

For Counseling and Psychotherapy Services

Client's Name and Address:

Providers Name:

Dr Janell R Hart

Welcome to J Hart & Associates mental health services. Our goal is to provide you with quality mental health care. Your informed participation and your understanding of payment arrangements are essential to our effort to help you, as well as to your effort to benefit from our time together. The following statements describe our agreement regarding the services that we will provide you and the fees that our office charges for our time and services.

Services

Your counselor will be **Dr. Janell R. Hart.**

You and your counselor will meet ____ time per (week/month) for a session that will last between 45 and 50 minutes. The scheduled time is your time to use to the best advantage. At your discretion, and with the agreement of your counselor, the counselor will meet with you alone, or with you and your spouse, or the other party, together. If you are unable to attend, you may cancel with 24 hours' notice. If you must be late or you are unable to cancel in time, the scheduled time will still be your time and your responsibility.

This agreement for services will remain effective until ended by agreement between you and your counselor. If you have missed 2 consecutive visits, your counselor will accept that as your notice that you wish to terminate this agreement and discontinue counseling with our office.

Payment for your Counseling

Our customary fee for counseling and psychotherapy is \$135.00 per hr. That fee will be charged for each visit. Whether you are seen alone or with other family members, your fee will be the same for each session.

Our office is happy to accept insurance assignment and to file insurance claims to receive payment for our time if we have a contract with your insurance or third party payer, In that case, our officer will file claims according to the contracted terms with your insurance. Your co-pay of \$____ is due at the time of your visit. If there is a problem collecting payment from your insurance or managed care company for the balance, you remain responsible for payment within six weeks of any counseling session, we will bill you directly for past and for ongoing visits at the customary fee noted in the paragraph above, If your carrier does not pay, you will be responsible and failure to pay may necessitate a referral to another provider.

Other Fees

There are other fees that may become necessary. If you must cancel a scheduled appointment, please let us know as soon as possible. If you must miss a scheduled appointment and you are unable to cancel at least 24 hours ahead of time, our office charges \$75 for missed appointments. Unfortunately, your insurance company does not pay claims for missed visits, so you will have to pay that fee yourself before your next session.

After hours telephone calls may be accepted. There is no charge for a phone call that lasts ten minutes or less. For telephone consultations that require more than ten minutes, our office charges \$25.00 for each fifteen minute increment or any part of a fifteen-minute increment. Both of these fees are due and payable when they are incurred, but must be paid by the time of your next scheduled visit; insurance does not ordinarily pay for telephone consultations. There may be times when you want your counselor to read documents that will help with understanding you. If reading such documents requires extensive time, your counselor will bill you for that time, fees that your insurance company will not pay,

Other charges may apply. If you, or someone else, (for example, another counselor, educational facility or your lawyer), need a cop of your file or of other records that may be legally necessary, our office charges \$.25 per page for copying, plus postage, If our office is required to provide a verbal report, for example, by telephone to your physician, a ten minute consultation will not be charged. If the consultation exceeds ten minutes, our office charges \$100.00 per hour; that fee is billed in fifteen-minute increments for each quarter hour or part of a quarter hour, If our office must produce a written report, the same fee will be billed for the time spent reviewing your file and drafting and publishing the report. Our office also charges a \$30.00 fee for checks that are returned unpaid for any reason.

I have read the service and fee agreement. I understand it, and agree to the terms described.

Client Signature

Date

**J. Hart & Associates, Inc
5500 Carpenter Rd.
Downers Grove, IL 60516
Phone/FAX: (630) 241-2244**