SOLACE HEALTH PARTNERS
TIME FOR YOU, IN YOUR TIME

Fee Payment Agreement and Medical Billing Release

I understand the fees involved in this treatment and that payment is expected at the time of the session(s), unless other arrangements have been made. I also understand that failure to pay the expected fee could terminate treatment**.** The basic session fee is $175.00 for a 50-60 minute session *(insurance discounts and/or sliding scale fees may apply for this fee)* **"No shows" and late cancellations for appointments will be charged $75 for the session. Credit card will be kept on file for missed visit charges. This fee is not covered by insurance. Cancellations need to be made 24 hours prior to scheduled appointments.** _____*(initials)*
We offer several payment options for therapy and counseling sessions. Payment for services is expected at the time of the session unless other arrangements with the therapist have been made (e.g. insurance or third party payments). Session payments are due at the time of the session.

Payments
Checks and Credit cards are accepted.

Insurance
Coverage for therapy varies according to a person's plan and the insurance company. We will gladly file insurance claims with the understanding that if the insurance plan does not cover therapy, the client would need to use other payment options. Any co-payments are due at the time of the session.
Please check the payment option you plan to use and copies of insurance cards:
□ Check payment at time of session
□ Credit card payment (for sessions or copay) Name on card_____
CC #_____ Expiration Date_____ CVC_____ Initials_____
□ Insurance or EAP (please bring copy of insurance card/ info to session)
Insurance Company_____
Policy Number _____ Group Number _____
Co-pay _____ Primary Insured _____
Primary Insured Date Of Birth _____
Employer of Primary Insured _____
Insurance Company Phone _____

Court Appearance and Fees
Clients are discouraged from having their therapist subpoenaed. Clients are responsible for time associated with Solace Health Partners therapist appearance in court and associated fees below regardless of who requests client records, or therapist testimony required. Testimony to the facts of the case and to professional opinion are all that will be provided. A retainer of $2500 is required and due in advance.
Preparation time (including submission of records): $250/hr Phone calls: $250/hr
Depositions: $500/hour AND/OR Time required in giving testimony: $250/hour (including travel) Mileage: $0.75/mile
The minimum charge for a court appearance: $1500
All attorney fees and costs incurred by the therapist as a result of the legal action. All fees are doubled if the therapist has to postpone, or interrupt plans to go out of town.
*By signing below, I acknowledge I have read, agree to and understand the fee payment policy above. I also authorize the therapist to release necessary medical information to third parties for billing purposes and payment of medical benefits to the therapist of Solace Health Partners, LLC NPI 1396330833.

Signature _____Date_____

Client Name(Print) _____

Therapist Signature_____

Fee agreement to be signed on the first visit.