

## Financial Policy

**Fee and Payment Policy:** You will be billed for all time spent with you or on your behalf - including but not limited to time spent preparing reports and documents and consultation with other professionals on your behalf.

The initial intake fee is **\$175.00**. The standard fee for a session of individual therapy is **\$155.00**. Phone calls longer than ten minutes will be billed as a phone session.

The fee for reports and documents on your behalf is **\$25.00** per request.

**Payment is due at the time of each appointment** (for copay, co-insurance or deductible) either by cash, check, credit card or HSA. Please make checks payable to **Julie Hanson, LCSW**. There will be a **\$25.00 fee** for any returned checks.

**Please Note:** In extenuating circumstances, such as Self Pay when both parents will be making payments or portions of payments, payment may be required in advance if a credit card is not on file to charge at the time of each session.

**Insurance: All fees are your responsibility.** In order to pay with insurance you must complete the Insurance Checklist Form>. If your insurance policy does not cover the necessary service, or you do not receive prior authorization as required by your insurance company, or such authorization has not been obtained in a timely manner or has been denied by your insurance carrier you agree that you will be responsible for the entire payment for services and may be billed as Self Pay. Further, you understand that you are responsible for and agree to pay any copayments, deductibles, co-insurance, non-covered services or amounts in excess of your health insurance policy's annual and/or lifetime maximum benefit and understand that any such payment is due at the time of service.

Please note that if you are billed as Self Pay this is considered out of pocket and cannot be submitted to insurance.

**By signing this document I acknowledge that I have read and understand the Financial Policy.**

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Client Signature

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Date