

Heather L. Rice, LMHC, PLLC

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FEE AGREEMENT

By entering a professional counseling relationship with Heather L. Rice, LMHC, PLLC, I understand it is my responsibility to contact and fully understand my health insurance plan and the coverage provided. I understand I am fully responsible for any fees for counseling services in the instance my health insurance plan denies payment of billed services for any reason. I understand I am responsible for payment IN FULL of any balance due as a result of nonpayment by my health insurance plan and agree to pay the balance due in full prior to the scheduling of future counseling sessions. I understand that failure to pay outstanding fees for services will result in my account being forwarded to an attorney and/or small claims court for collections where I will be responsible for additional legal fees and financial penalties. If I am a client paying out of pocket and where my health insurance plan is not being billed, I will pay IN FULL the agreed upon session fee at the beginning of each counseling session. Payments may be paid via Venmo to Heather-Rice-48, via credit/debit card (there is a \$3.00 additional transaction processing fee for all credit/debit card payments), and health savings account debit card. Personal checks are not accepted as payment.

Client Signature: _____ Date: _____

A 60 minute session consists of 45 minutes of talk time, and 15 minutes for your counselor to complete session notes and billing. A 45 minute session consists of 30 minutes of talk time, and 15 minutes for your counselor to complete session notes and billing.

Counseling Fees

<u>Services</u>	<u>Intern</u>	<u>Mental Health Practitioner</u>	<u>Licensed Mental Health Practitioner</u>
90791 Intake (60 min)	\$100	\$130	\$160
90837, 90846, 90847 Individual, couple, family Session (60 min)	\$80	\$100	\$140
90834 (45 min)	\$70	\$80	\$120
90808 Extended Session (75-80 min)	\$100	\$120	\$180
90804 Short Session (25-30 min)	\$40	\$50	\$70

Sliding Fee Scale

<u>Annual Income</u>	<u>Intern</u>	<u>Mental Health Practitioner</u>	<u>Licensed Mental Health Practitioner</u>
< \$20,000	\$20	\$40	\$60
\$21,000-\$35,000	\$25	\$45	\$70
\$36,000-\$50,000	\$30	\$50	\$80
\$51,000-\$60,000	\$40	\$60	\$90
\$61,000-\$70,000	\$50	\$70	\$100
\$71,000-\$80,000	\$60	\$85	\$120
>\$81,000	\$75	\$100	\$140

*College student out of pocket payment rate is \$75 per 60 minute session (60 minute session includes 45 minutes of talk therapy and allowing your counselor 15 minutes to complete your session note) to include initial

session and regular counseling sessions* (This rate applies to those students whose health insurance plan we are not considered a participating in-network provider only.)

*Fees are effective as of January 1, 2020 and are adjusted periodically.

*Sliding fee scale is based on the average family of 2-4 people and can be adjusted higher or lower based on number of people living in the home.

*Fees agreed upon under previous sliding fee scale charts will remain in effect and be honored for the duration of client's time with Heather L. Rice, LMHC, PLLC

*Other extenuating circumstances regarding ability to pay (i.e. high medical bills, etc.) can be documented and taken into account when agreeing upon a fee

*Sliding scale is based on honor of client. If any changes arise in income, please notify Heather L. Rice, LMHC, PLLC so adjustments can be made to fee.

*Fees above are based on a regular 60 minute session (to include 45 minutes of talk therapy and allowing 15 minutes for your counselor to complete your session note) and will be adjusted and documented if 25 minutes, 75 minutes session, are provided

*Sliding fee clients pay the same rate for an intake session as for a regular session

By signing below, I agree to the above fee schedule and understand payment (cash only is due in full, including copays) at the beginning of each counseling session.

I understand the following regarding use of insurance or the sliding fee scale:

If I have coverage with a health insurance company that Heather L. Rice, LMHC, PLLC is **in-network** with, I have the following options:

___ Bill my insurance using an approved diagnostic code at the fees listed above

___ Pay the fee listed above in full

If I have coverage with a health insurance company that Heather L. Rice, LMHC, PLLC is **out-of-network** with, I have the following options:

___ Bill my insurance using an approved diagnostic code (in which case I could be responsible for the difference between what my insurance covers and the **FULL amount listed above, regardless of what the allowed amount would be for an in-network provider**)

___ *Decide not to use my insurance and pay out of pocket in **FULL**, using the sliding fee scale above, which is an objective fee scale based on my income and other factors*

If I do not have insurance coverage, I have the following options.

___ *Pay the fee listed above in full if my income exceeds \$80,000 per year*

___ *Pay the appropriate amount based on the sliding fee scale if my income is less than \$80,000 per year*

The agreed upon fee per 60-minute session is _____

I understand I am required to provide a minimum of 24 hour notice should I need to cancel and/or reschedule my counseling session appointment. If I do not provide a minimum of 24 hour notice, I understand I am responsible for payment in full of the agreed upon fee per counseling session as designated in this Counseling Services agreement.

Client Signature: _____ Date: _____

Client Signature (if couples' counseling): _____ Date: _____

Parent/guardian Signature: _____ Date: _____

(If Client 18 years or younger)

Counselor: _____ Date: _____

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