

Meredith Wakelyn, LCSW
1855 South Pearl Street, Suite 20
Denver, Colorado 80210
720.371.1882

Fee Agreement

Thank you for choosing me as your therapist; I look forward to working with you.

Taking care of business at the beginning of each session

I have found that it is best to deal with the business of scheduling appointments and bill payment at the beginning of each session. This way, we can focus on whatever needs and concerns arise during the session without having to then switch gears at the end to deal with business.

My fee is \$_____ for 55 minutes, and longer sessions will be prorated according to their length of time. EMDR, couple or family sessions may be longer than 55 minutes. Phone calls exceeding 10 minutes in length will be charged according to their time.

Clients with weekly appointments and an established payment history may pay monthly. However, payment is expected within 30 days. A finance charge of 1.5% per month will be charged for balances over 60 days delinquent. You will be responsible for payment of legal and collection fees, if such services are required for non-payment.

Regarding Insurance

All co-pays/deductibles are due at the time of service. The balance is your responsibility whether your insurance company pays or not. In order to bill your insurance company, I must have your signed release of information and your insurance information. Please be aware that some of the services provided may not be considered reasonable and necessary under your medical insurance. In the event that your insurance coverage changes to a plan where I am not a participating provider, you will be responsible for payment whether I am covered or not by your plan.

Your insurance company will determine benefit coverage and the kind of services they will reimburse. If they determine your therapy is medically necessary, they authorize a prescribed number of sessions, and require justification for additional sessions. I will discuss my recommendations for treatment with you, and you will decide how you want to proceed. I am committed to providing the best therapy for you, and I charge what is usual and customary for this area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed Appointments

My policy is to charge for sessions cancelled for non-emergency reasons with less than 24 hour notice and for sessions missed without cancellation. Please help me serve you best by keeping scheduled appointments.

I have read, understand and agree to this Fee Agreement.

Signature of Responsible Party

Date