Fee and Payment Agreement

I,_____, hereby agree to pay Integrative Empowerment Group, PLLC a fee of $_____ per session (____ minutes) for counseling / psychotherapy services. My co-pay is $_____. I understand that payment of the agreed upon fee, or insurance co-payment, will be made following each appointment unless other arrangements are made. I further understand that I am responsible for paying all balances not paid by my insurance company, and I hereby agree to allow the release of basic information to a collection agency should I fail to pay any outstanding balances. I agree to pay any and all fees incurred by Integrative Empowerment Group, PLLC necessary to collect any unpaid balances after reasonable notification that I have an unpaid balance. *I understand these disclosures about fees, co-pays, and collections.* _____

If I am using insurance, I understand that it is my responsibility to verify coverage, learn about my in-network and out-of-network co-pay / co-insurance, and find out what limitations of coverage exist (e.g., deductible, session limits, pre-authorization requirements, etc.). I realize that some insurance companies contract out their mental health coverage to another company, e.g., Blue Cross Blue Shield may contract out their mental health coverage to Magellan. In such a case, I may be responsible for an out-of-network rate even though Integrative Empowerment Group, PLLC is in network for my main insurance. If for any reason my insurance company does not pay for a service, including undisclosed lapses in coverage, I will pay for that service. *I understand the expectation that I educate myself about my insurance coverage.* _____

I understand that I am required to give 24-hours' notice in order to cancel my counseling appointment. I hereby agree to pay the full fee (**$200**) for any appointments that I fail to cancel 24 hours in advance. An exception to the requirement to give 24-hours' notice will be made the first time it occurs. All subsequent missed appointments without 24-hours' notice or late cancellations will be charged the full fee regardless of the reason for the missed session or late cancellation. The missed appointment/late cancellation fee is due within seven days or at the next appointment, whichever is sooner. I understand that my insurance company will not pay for missed appointments or late cancellations. *I understand the missed appointment / late cancellation policy.* _____

By signing below, I agree that I have read this agreement and consent to its terms.

_____
Client Printed Name

_____ _____
Client Signature Date

_____
Witness Printed Name

_____ _____
Witness Signature Date