



Norma J. Vaillette LMHC

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Catalyst Counseling LLC

**Fee Schedule and Agreement to Pay
For Professional Services
Individual, Couples and Family Services**

♫ Session, 45 minutes	\$125
♫ Session, 60 minutes	\$150
♫ Session with insurance* 45 min. as of 10/1/17 paid at session	Copay
♫ GIM session 90 minutes (out of pocket) (Bonny Method Guided Imagery and music trance work, minimum 6 sessions recommended)	\$200
♫ Extra time (not billed to insurance), if schedule allows	\$75 per 1/2 hour
♫ Letters with completed release form	\$30
♫ Treatment summaries or reports, copies provided for client review (<i>review done in office</i>) Copy of report sent directly to agency	\$100
♫ Telephone consultation for emergency calls, <i>per 15 minute contact</i>	\$25 per 15 minutes Or insurance rate
(calls are rounded up to the nearest 5 minute mark after the first 15 minutes) Emails that require <u>more than 15 minutes</u> to process and respond are subject to charges.	
♫ Telehealth	same as session/insurance rates
♫ Preparation for court including deposition	\$250/hour
♫ Presence in court (requires 6 week notification)	\$1000/day
♫ Missed or broken appointment fee with less than 24 hour notice	\$65

_____ (Initial) 24 hour notice is needed to cancel an appointment. This fee is waived if you make an appointment within one week of the cancellation. The fee is waived for unavoidable circumstances based on therapist judgement, so a call or email is important. This fee is also waived for Sundays before 9 p.m. as I will get an email alert, so I get "notice". Being more than 20 minutes late without notifying therapist cancels the appointment (fee applies).

♫ School note or work note verifying appointment	n/c
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____ (Initial) I agree that I am requesting Norma Vaillette LMHC to provide professional therapy services for (client name) _____. I agree that I am responsible for the charges for services provided by this therapist although other persons or insurance companies may make payments on this client's account.

____ (Initial) I understand that my signature on this form serves as my "signature on file" for submission of insurance claims and permission for payment by insurance companies or credit card payments authorized by phone or email.

____ (Initial) I agree to pay at the time that service is rendered or ahead by special arrangement. Any late payment must be discussed and agreed upon with the therapist. I understand that I am agreeing to meet my responsibility for payment. *If using insurance, I agree to pay the remainder of the insurance portion for services rendered should a claim be denied.*

I agree that this financial relationship will continue as long as Norma Vaillette is hired as the therapist. I agree to inform her in person or by certified mail if I (or the client) choose to stop therapy. I agree to meet with Norma Vaillette at least one time before stopping therapy to provide for closure and transition that is in my best interest. I am aware that Norma Vaillette may end therapy services and that she will inform me specifically as to the reasons for this termination of the therapeutic relationship.

For clients using Insurance:

____ (Initial) If insurance doesn't pay for any reason but the service provided, I agree to pay the contracted rate for that insurance company for the sessions where that applies. This caps the amount to the insurance rate instead of reverting to the out-of-pocket fees for the affected sessions.

Alternate fee bundle for clients paying out of pocket:

This allows for a discount when purchasing a "bundle" of sessions, 3 sessions to be used over 3 months' time or 6 sessions to be used over 6 months' time. The bundle is paid at the start of the time period intended.

____ (Initial) I choose the 3 month bundle for \$330.00 This is \$110/session, a discount of \$15 per session.

____ (Initial) I choose the 6 month bundle for \$600.00 This is \$100/session, a discount of \$25 per session.

Customized rate agreement: This is used by special arrangement between therapist and client as determined by therapist assessment.

____ (Initial) I agree to pay a rate of _____ per session.

Permission to keep a credit card data In a memo section of your file:

____ (Initial) I verify that I understand that Norma Vaillette LMHC/Catalyst Counseling LLC uses Square for credit card transactions. I give permission to keep a credit card "on file" and that if a broken appointment fee is assessed, that card will be charged. This allows for ease of billing for telehealth or when copayment fees are not yet known, and the co-payment be charged when the Explanation of Benefit clears.

I understand that I can discuss payment at any time with Norma Vaillette. Changes to the fees may be made by this therapist but will be done with notice and discussion. I am aware that Norma Vaillette may offer and end discounts or special pricing at her discretion. I am aware that this form is part of the client's file.

Signature of client (or responsible party)

Date

Printed name

I, Norma Vaillette LMHC, have discussed the issues above with the client (and/or the responsible party for this client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Norma Vaillette LMHC

Date

Copy given to client/responsible party [Original kept by therapist in client file]