

# DIANE BAUER<sup>PLLC</sup>

## COMPASSIONATE CONNECTIONS

### Financial Policy and Schedule of Fees

Service or Fee Description	Fee
Individual, Couple, or Family Therapy	\$90 per 50 minute session
Case Management (i.e., phone calls, document review, consultations, meetings)	\$25 per 15 minutes
Late Cancellations/Missed Appointments	\$90 per occurrence
Returned Checks	\$20 per check
Overdue Payments Fee	5% of total due

### Fees, Billing, and Overdue Payments

- 1) My standard charge is **\$90 per 50-minute session** unless we have made arrangements otherwise. A payment of cash, check, or credit card (Mastercard, Visa, American Express, or Discover) is due at the end of each session. If 2 or more sessions are unpaid, we will discuss cessation of any services until payment in full can be made. If you are overdue on your payments, I may assess a fee of 5% on the total balance. I reserve the right to utilize a bill collection agency to collect unpaid fees.
- 2) Late cancellations or missed appointments will be billed at my full session rate of \$90, so please be sure to cancel within **24 hours of your scheduled appointment time**.
- 3) I bill case management in increments of 15 minutes, so any **phone calls, document reviews, or consultations over 15 minutes** will be billed at \$25 per 15 minutes.
- 4) In my practice, **I do not work directly with insurance** at this time. I am happy to provide you with monthly billing statements, upon request, which you may submit to your insurance company for possible reimbursement.
- 5) A \$20 service charge will be added to all returned checks and must be paid at the next session.
- 6) **I require a credit/debit card number to be kept on file, no matter what form of payment you choose to use, for my cancellation/no show policy.**
- 7) I revisit my fee structure annually and increases in our agreed upon rate may occur to reflect cost of living increases, training, and experience. I will provide a minimum of 4 weeks' notice should our fee agreement change, and you will have the option of continuing at the new rate or receiving a referral, if preferred.

### Sliding Fee Scale

I accept a limited number of sliding fee clients. Out of courtesy, I ask that all sliding fee scale clients are particularly careful to pay their fees in a timely manner and are sure to regularly attend all of their sessions.

### Agreement

I have read and understand this financial policy and agree to the above stated fees and procedures. I am responsible for the amount of \$\_\_\_\_\_ per session and agree to pay this amount in a timely manner.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature (if necessary)      Date

\_\_\_\_\_  
Parent or Guardian Signature      Date

\_\_\_\_\_  
Parent or Guardian Signature      Date

\_\_\_\_\_  
Therapist      Date