

**Into the Light
Mental Health and Consulting Services, Inc.**

201 NW 4th St. Suite 105

Evansville, IN 47708

812-454-1564

Laura Symon, MSW, LCSW, CSAT

Financial Agreement

I understand that the standard fee for each intake is \$235. The standard fee for individual sessions is \$185 for one person. Sessions with more than one client present are charged \$200 for each 50-minute appointment. Emergency appointments are scheduled at the rate of \$200 for a 30-minute appointment.

I understand that there is no guarantee that my insurance carrier will cover my therapy sessions and that I have carefully considered this before beginning sessions. My signature indicates that I understand and agree to respect this policy around managed care health insurance and will honor this agreement now and in the future. I am aware that I am responsible for the full fee if insurance denies a claim or in the event that I have a high out of pocket deductible. Additionally, different insurances cover different session times, from 30 minutes to 53 minutes per session.

I understand that this therapist does not “double bill,” and the full cost of treatment is due at the beginning of session even if insurance is billed. Any payment from insurance will be reimbursed to me less any copays or portion of the deductible.

I understand that I am responsible for all treatment fees/copays at each session. Failure to pay fees as outlined in my fee agreement will be viewed as failure to comply with program requirements and will result in termination of program services. This therapist will refer me on to the local mental health agency for continued services with client permission. This therapist does not extend credit as this could constitute as an unethical “debtor/creditor” dual relationship and ultimately impact the therapeutic relationship.

I understand that I will not be charged for phone calls to schedule appointments with this therapist. Calls to doctors, schools and other referrals will be billed to me at \$20 per 15-minute increment.

I understand that reports provided to the courts, other therapist's, attorney's, or any other report source are billed at \$150/hr. Please recognize the fact that report writing requires a review of all documents and the writing and dissemination of materials. Report fees are due prior to the release of the report.

I understand and agree to pay all costs of collections, including but not limited to collection agency fees, the collection agency's attorney fees related to this and all court costs incurred by the collection agency for all accounts more than 30 days past due.

I understand that there is a \$125 missed appointment fee for no show appointments as well as appointments not canceled within the 24-hour window of time. This fee must be paid prior to any future appointments and will be charged with the credit card on file with this therapist. Future appointments will be cancelled if this is not paid three days prior to the next scheduled appointment. _____

I am aware that I will be responsible for any and all attorney's fees incurred by this therapist while working with me. All court testimony retainer fees must be paid in advance before this therapist will testify on behalf or in relation to me. _____

I understand that this therapist will provide phone consultation that is outside of the scope of traditional talk therapy. I am also aware that phone consultations are not 100% confidential or HIPPA compliant and not covered by insurance. Fees for phone/Skype sessions are out of pocket at \$100 per 30-minute increment of time. _____

I understand that this therapist requires a subpoena to appear in court. This therapist will consult with my attorney and/or the attorney requesting representation about the court appearance so that the therapist's schedule can be cleared. This therapist will testify in Vanderburgh or Warrick County. Fees for 1/2 day are \$900 and a full day are \$1800 plus mileage regardless of the amount of time the therapist testifies. Court fees outside of Vanderburgh or Warrick will be determined on a case-by-case basis. _____

I understand that Court fees are due 1 week prior to the court date and the responsibility of the party who is responsible for the subpoena. If court is canceled or rescheduled less than 48 hours prior to the court appearance, then the fees are NON-REFUNDABLE and an additional fee will be required for a future court date. _____

I understand that fees are reviewed each year and may increase periodically. A 30-day notice will be given prior to the increase. I have the right to terminate therapy if I am not able to continue with services. _____

Client Signature

Date