

FINANCIAL DISCLOSURE AND AGREEMENT

Pamala Roskelley LCMHC

The fee schedule for services is as follows except as adjusted in accordance with any participating provider insurance fee agreements (fees are per hour of scheduled services):

Individual Assessment: \$135.00	Appearance in Court: \$160.00
Individual Therapy: \$125.00	Couples Therapy: \$145.00

These fees entitle you to the services listed above and the time involved in providing these services. They also provide for the time involved in preparation for session, including research on specific issues related to your concerns, for record keeping, and for necessary billing activities. Any services above and beyond these are billed at a pro-rated basis determined by the amount of time necessary.

Please provide me with specific information on you insurance as requested on the Client Information Sheet. Note that your insurance is a contract between you and your insurance carrier and that coverage for psychotherapy typically differs from coverage for medical visits. You are ultimately responsible for all changes. If you do not know the amount of your co pay, a \$20.00 fee will be assessed until the proper amount is determined. At the time your account will be adjusted appropriately.

All fees are due and payable at the time of service unless other arrangements have been discussed. Accounts must be kept up to date or other arrangements for services will need to be made. If you are unable to continue therapy due to financial reasons, I will make every effort to refer you to another service provider. All modifications to this fee schedule must be negotiated with Pamala Roskelley.

Late Cancellation/No Show Policy

If you are unable to make your scheduled appointment, please cancel at least 24 hours in advance so another client can be scheduled during that time. If 24 hours notice is not given, you will be charged the full session amount. Pamala Roskelley Counseling reserves the right to charge credit cards that are kept on file for no shows and late cancellations.

Although circumstances rarely come to this, the ethical code for psychotherapists requires that you be informed of the following:

- If a collection agency is used in the settling of you account, it is understood that you have consented to the release of billing information to that agency.
- If a collection agency is used, you will assume all costs associated with this activity, including all legal or attorney's fees (these fees typically add 50% to your balance)
- All accounts over 90 days are subject to being sent to collections without notice.

By signing below, I certify that I understand and agree to all the information as presented above, including the financial terms described.

CLIENT SIGNATURE

DATE