



# Fees & Payment

## Services & Fees

- Initial Visit with Therapist - \$120
- Individual Therapy - \$100
- Individual Focus Session - \$50
- Family Session with Client Present - \$150
- Family Session without Client Present 50 Minutes - \$150
- Additional Session time (billed in 15 minute increments) - \$30/15min
- Phone Sessions (billed in 15 minute increments) - \$30/15min
- Court Appearance - \$1,000 per appearance
- Court Ordered Evaluation - \$400
- No Show or Late Cancel Charge - \$100

All clients are asked to submit credit/debit card authorization. In the unlikely event that you have a balance owed and are unresponsive, the overdue amount will be charged to your account. Efforts to contact you regarding late payment/no-show or late cancellation fees and arrange a payment plan, if necessary, prior to charging this account. Additionally, if in the future, you decide to terminate services and your account is paid in full you may withdraw authorization to charge your credit card, provided you communicate revocation of authorization in writing to mindspace by office, mail, or fax. Please provide notification if your credit card information changes or expires.

All fees are tax deductible to you as a medical expense. Mind Space will provide you with a receipt of payment as well as a 'Superbill' for all services rendered to submit to your insurance company as they may be reimbursed for some or all of your out of pocket expenses.

Emergency phone calls less than ten minutes are normally co-cost. However, if we spend more than ten minutes in a week on the phone, or if you leave more than ten-minutes worth of phone messages in a week, or if I spend more than ten minutes reading and responding to emails from you during a given week, you will be billed on a prorated basis for that time.

All payment is due at time of service. You are responsible for fees regardless of insurance coverage. I realize that some individuals have financial difficulty. Mind Space cannot accept barter for therapy, but accepts most major credit cards, cash and HAS/FSA cards. Any overdue bills will be charged a \$30 late fee per month. Any uncollectible fees will be turned over to a collection agency after 60 days. All collection agency fees will be the clients responsibility.

## Credit/Debit Card Information

Name as it appears on card:

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Card Number:

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Expiration Date:

CCV:

Card Type:

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Billing Address:

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*By signing this form I authorize Mind Space Mental Wellness Counseling LLC to keep my signature on file and to charge my credit/debit card account for any services rendered or balance due resulting from no-show/late cancellation fees that are 60 days overdue; or sooner if specified above.*

Client Signature:

Date:

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