

## Fee Information And Financial Agreement

### Fees

|  |                  |
|--|------------------|
| Individual Assessment .....  | \$ 200           |
| Couples Assessment with Sarah Janosik and Joel Fleschman (90 mins) ..... | \$ 250           |
| Psychotherapy (45-50 minutes) .....                                      | \$ 150           |
| Psychotherapy (20-30 minutes) .....                                      | \$ 75            |
| Group Therapy (85-90 minutes) .....                                      | \$ 65            |
| Other Office Services .....  | \$ 50 per 15 min |

*Includes telephone consultation, written reports, consultation with family members, etc.*

### Payment

I expect payment in full at the time of service. I may be covered under your insurance as an out of network provider if you have a PPO and I will provide a statement at the end of the month that you can submit to your insurance company. Please keep in mind that my fees will often be greater than what your insurance company will pay. I reserve the right to pursue collection through legal means if my services have not been paid.

### Missed or Cancelled Appointment

24 hours notice is required to cancel a scheduled appointment. If you are unable to provide 24 hours notice, you will be charged for the appointment, unless I am able to fill your vacant time.

### Emergencies and Phone Calls

As your therapist, I am limited in what I can provide. I am not a crisis-oriented therapist. I see clients by appointment only. I understand it is possible that you may feel "in crisis" during the course of your therapy with me. If you want support during one of these times, please emphasize on my voice mail that you need to talk to me as soon as possible. A brief "check-in" by telephone is most often sufficient. Calls longer than five (5) minutes in length will be charges on a pro-rated basis.

### Diagnosis and Insurance Coverage

In this time of uncertainty in both the health care and insurance industries, it is wise to acknowledge that you will likely be responsible for most, if not all, of your therapy costs. In addition, I want you to be aware of the consequences of filing for mental health benefits with your insurance company. It is your right to know the realities of utilizing insurance for psychotherapy and your insurance company is unlikely to explain these details in advance.

In order for an insurance company to pay for psychotherapy, it must be demonstrated that the services being provided are medically necessary. Therefore, I, as a therapist, must provide documentation to support the assignment of a diagnosis of the disorder or illness that we are treating. No matter how you, as the client, or I as the therapist, envision this process; to the insurance company you are receiving medical treatment for a medical problem. Once assigned, this diagnosis goes into your record and for two (2) to ten (10) years. More and more frequently we are finding that this information can result in clients having difficulty changing insurance companies or being re-insured when they change jobs, if they have been treated by a psychiatrist, psychologist, or therapist, and have filed insurance claims for these visits.

In an attempt to collect data about past treatment and to "manage" your care during subsequent treatment, you will most likely have to sign a very broad consent form with your insurance company for the release of information about your therapy. With this release, I may be asked to discuss the specifics of your history, your reasons for seeking therapy, and the course of your treatment, with representatives of your insurance company. If you have any concerns about these issues, please talk to me about them before you file any claims.

### Confidentiality

With the above information already stated, I want to make it clear that I will maintain confidentiality around anything you discuss with me.. I am required by my professional licensing boards to divulge information as a result of custody, child abuse, and criminal action or litigation. I may keep notes about our work together. Those notes and records will be protected to the degree that I am able. Those notes and records will be destroyed after a period of five years.

In agreement

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner's Signature (if applicable)

\_\_\_\_\_  
Date

In agreement

\_\_\_\_\_  
Parent/Guardian if patient is under the age of 18

\_\_\_\_\_  
Date

I appreciate the opportunity to be of service to you. If you have any questions, concerns, or suggestions regarding any aspect of my practice, please discuss them with me as I am always eager to hear your comments.

\_\_\_\_ Sarah Janosik, LCSW      \_\_\_\_ Joel Fleschman, LCSW, MPH