

# QUANTUM COUNSELING, LLC – LILLIE MURRAY, LCSW

## PAYMENT FOR SERVICES

### Standard Fees

**Initial Assessment: \$150**

**Individual Session: \$120 - \$150**

**Documentation Fees: \$30 minimum**

**Phone Consultation: \$65 minimum**

Typical session length is 50 minutes. This allows the therapist time to finish documentation. Please be prepared to end sessions on time so as not to interfere with the appointment time of the next client.

Fees may vary depending on insurance contracts or if arrangements have been made with the individual client or a third party payer. *Payments are to be made at the beginning of each session.* Cash, checks and most major credit cards are accepted. There will be a \$25.00 charge on all returned checks.

### Insurance

Some insurance companies will cover a portion of the costs associated with therapy. Policies differ regarding coverage and limitations. Quantum Counseling receives reimbursement only for the contracted "adjusted allowable amount". You are responsible to contact your insurance carrier to determine your benefits, and limits of your coverage. In most cases, we will bill your primary insurance company and provide the necessary documentation required. Please remember that any charge **not covered** by your insurance will be **your responsibility**. **Your portion of the payment (co-pay, deductible or co-insurance) is required to be paid at the time of service. Credit card information is required to hold appointments, and for co-pays/deductibles.**

**Acknowledgment of financial responsibility and payment for services: (Please initial)** \_\_\_\_\_

### Late Cancellation of Appointments & No Show Policy

On occasion, a situation may arise which prevents you from keeping a scheduled appointment with your therapist. It is required that you notify your therapist **48 hours** in advance of an appointment you cannot keep. If an appointment is canceled with less than **48 hours** notice you will be expected pay a **Late Cancellation** fee of **\$50.00**. If you do not come to a scheduled appointment and fail to give any notice *prior to the appointment* (phone call, or email) you will be expected to pay a full session **No Show** fee of **\$120.00**.

The purpose of these fees is to encourage responsibility on the part of the client and to ensure that the clinician's time, which has been reserved for you, is utilized efficiently. Late Cancellations and No Shows prevent the clinician from using the period reserved to assist other clients who may need the appointment time. In addition, Late Cancellations and No Shows affect the clinician financially. Consequently, these fees are in place to resolve these issues and are not typically waived. Future appointments may not be made unless fees are paid.

**Calls to reschedule in advance may be made during business hours (M-F, 9AM-5PM) at 801-923-8389. If rescheduling needs to take place after hours or on weekends email, lilliem.lcsw@gmail.com.**

By initialing below I accept the responsibility to come to scheduled appointments, cancel appointments with a minimum of 48 hours advance notice, or pay the **Late Cancellation** or **No Show** fee. I also agree to notify of changes to my insurance plan, and to changes in my credit card information.

**Acknowledgment/Acceptance of Late Cancellation/No Show policy: (Please initial)** \_\_\_\_\_

**I understand that my copay and/or deductible is the amount of \_\_\_\_\_, I agree to keep my credit card on file :**

**Credit Card information,** \_\_\_\_\_

\_\_\_\_\_  
Client's Signature (or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature (or Legal Guardian)

\_\_\_\_\_  
Date

By signing I agree that I have read and understood this document. I understand that this a a legal binding document and agreement to payment in exchange for therapy services with Lillie M. Murray, LCSW and Quantum Counseling, LLC. I agree that it is my responsibility to notify of changes to my insurance plan, and credit card information.