



Following is the fee schedule for counseling services:

Initial assessment appointments (Sessions 1 and 2):	\$275
Individual or couples counseling sessions (55 minutes):	\$250
Group therapy rate:	\$45
Psychotherapy Intensive (110 minutes):	\$525

You are able to pay for sessions using a cash fee-for-service arrangement or your health insurance. Each therapist is a provider for many insurance plans available. Checks, credit card, ACH payment (automatic checking withdrawal), or health savings account (HSA) cards are accepted. Checks can be made out to Kimberly Keiser & Associates.

If you have a health insurance policy, it usually provides some coverage for mental health treatment. Our office manager will submit all claims on your behalf. However, you (not your insurance company) are responsible for full payment of the fee. Please contact your insurance company to learn about your mental health benefits and co-payments and to determine if pre-authorization is required for mental health services. Please keep the following things in mind:

Know your co-pay. Co-pays must be paid at the time of service.
You are not allowed to carry a balance past 30 days or services may be discontinued.

Know if pre-authorization is required before your appointment. Sessions not covered by insurance due to pre-authorization not being made will be billed at the full service fee.

If you are experiencing circumstances of unusual financial hardship, limited reduced fee slots are available. Availability of these services and the reduced fee rate for service will be determined after discussion with your provider. Payment schedules for other professional services (e.g., meetings, speaking engagements, consultations, litigation, etc.) will be agreed to when these services are requested.

Session Cancellation Policy

Consistent attendance at your sessions is critical to your therapeutic success. The session cancellation policy will be applied in all circumstances. The session cancellation policy is as follows:

If you are 15 minutes late for your session, without indication, you will be billed for a no show.

Once your appointment is scheduled, you will be expected to pay the full service fee (even if it is missed), unless you provide 24 business hours advanced notice of cancellation. If your appointment is on a Monday or day after a holiday, your appointment is required to be canceled 24-hours in advance on the previous business day.

Insurance cannot be used for sessions that are missed. In the event that you do not provide 24 business hours advanced notice, you will be responsible for paying the full service rate.

I have read and understand this form.

CLIENT SIGNATURE

DATE

Financial Policy | Terms & Agreement



Kimberly Keiser
and Associates

I, _____ agree to pay the full amount of the therapist fee according to the financial policies herein, and/or the fees associated with my health insurance coverage.

I agree that this financial relationship with Kimberly Keiser & Associates will continue as long as the therapist provides services, or until I inform him or her, through direct communication or by certified mail, that I wish to end this relationship. I agree to pay for scheduled services until the client-therapist relationship has ended according to these terms.

It is the policy of Kimberly Keiser & Associates to obtain and maintain on record a valid credit card, ACH payment form (automatic checking withdrawal), or health savings account (HSA) card and authorizing signature. This will remain in your confidential file as a guarantee of payment and allows us to avoid having to take collections action against your account. Please note that any accounts with a balance past 30 days will have a late fee of 18% APR or 1.5% per month.

The payment method on file will be charged in these circumstances:

1. Co-pays are due on the date of service
2. The owner of the card does not show up for a scheduled appointment and fails to provide 24 hours advance notice on previous business day
3. Deductibles due as noted on the explanation of benefits (EOB) will be automatically paid on the date the EOB is received at the office indicating the amount due
4. Cash payments for sessions are due on the date of service

I, _____ authorize Kimberly Keiser & Associates to process payment on my chosen payment method as indicated below for my session(s) not paid by other means.

I further understand that if I miss a scheduled appointment or fail to provide 24 hours advance notice on a previous business day, my payment information listed on file will be charged the full amount of the session on the date the session was missed.

I choose to pay utilizing: Credit Card (Please complete information below)
 Health Savings Account (HSA) Card (Please complete information below)
 ACH Payment (automatic checking withdrawal) (Please complete the Recurring ACH Payment Authorization form)

Client's Name: _____

Card Member Name: _____

Card Number: _____ Expiration Date _____ Security Code _____

Billing Address: _____

Card Member Signature: _____

I have read and understand this form. I attest that the information above is true and accurate.

CLIENT SIGNATURE

DATE

THERAPIST SIGNATURE

DATE