

CENTER FOR ANXIETY RELIEF AND EDUCATION, PLLC
Appointment and Fees

1. Sessions are 60 minutes long.
2. The fee for a session is \$150.00. If you have insurance and have already met your deductible, you will be responsible for your co-pay alone. If you have not met your deductible, you will be responsible for the insurance-contracted amount; this rate varies from one insurance company to the next. Your therapist will provide this to you. Please initial _____
3. Fees are payable at the beginning of each session by cash, check, Health Savings Account card (HSA), or a major credit card. If you choose to pay by cash, please have the exact amount. You will be provided with a receipt for your payment. Tele-health sessions are paid electronically; An invoice related to the service will be sent to you prior to the session. If we are in-network with your insurance, your insurance may apply for tele-health services. However, please be advised that insurance coverage might be dependent on certain factors related to the funding of the account (full vs. self funded) as well as employer options. Please initial _____
4. There is a \$50.00 fee for dishonored checks. Please initial _____
5. **48-hour notice is required to cancel an appointment.** Otherwise, there is a \$75.00 fee for appointments cancelled in less than 48 business hours. Please initial _____
6. There is a 35.00 fee for the release of protected health Information (PHI). Please initial _____
7. Appointments can be scheduled on a need-to basis or on a recurring basis (weekly, biweekly every 3 weeks, monthly or as-needed); depending on your unique situation and need. You are not required to schedule a set number of appointments. _____
8. Tele-health services are offered at the same cost as In-person sessions. If you opt for a tele-health session, you will have the choice to speak to your therapist via video or phone. Both video and phone options are offered through HIPAA compliant networks. You will be provided with an access code (as well as instructions) for your video session. If there is difficulty accessing the meeting via video, the meeting will be conducted by telephone. Please initial _____

I have read and fully understand the Appointments and Fees agreement. I consent to all that has been listed above.

Client Name: (Please Print)

Signature: _____ Date _____