Financial Policy and Payment Agreement

Clear money agreements protect our work together. Please read this policy, fill in the section that fits you, and sign.

Fees

- Counseling session, 60 minutes: **$165**.
- Sliding scale: self-pay fees from $165 down to $100 per session, by agreement.
- Letters written with you during a session: included in the session fee. Copies of records: a reasonable, cost-based fee may apply, as the law allows.
- Court appearances: no charge.

Payment

My billing service keeps your card on file in its secure payment system. For insurance clients, your copay, coinsurance or deductible is charged after your plan processes the claim. For self-pay clients, your card is charged weekly for that week's sessions. When a billing error occurs, my billing service issues a refund.

Insurance

- I am in network with Premera, United Healthcare, Regence, LifeWise, First Choice and Kaiser PPO, and with the Apple Health (Medicaid) plans Molina and United Healthcare Community Plan. My billing service submits claims to your plan for you.
- Please confirm your mental health benefits with your plan before your first session: your copay or coinsurance, your deductible, and any limit on visits.
- You are responsible for any amount your plan does not pay, including deductibles and denied claims, as your plan contract allows.
- Insurance requires a diagnosis, which becomes part of your record with your plan. You may choose to pay privately instead, and we can talk about that choice.
- Out of network: on request, I provide a superbill you can submit for possible reimbursement.

Missed sessions

A session missed or cancelled with less than 24 hours' notice carries a $75 fee, payable by you. Insurance does not pay for missed sessions. You receive one free pass each year, for any reason. There is no fee for absences arranged in advance, illness, medical emergencies, or dangerous weather.

Balances

Because your card on file is charged directly, there are no late fees. When a card is declined, my billing service will contact you to update it.

> **Good Faith Estimate.** When you do not have insurance, or do not use it, you have the right to a Good Faith Estimate of your expected costs. Ask me for one at any time. Learn more at www.cms.gov/nosurprises.

How I will pay

☐ Insurance ☐ Private pay ☐ Sliding scale (rate agreed below) ☐ Out of network, superbill requested

AGREED SESSION RATE ($), FOR PRIVATE PAY OR SLIDING SCALE

Insurance information (when using insurance)

INSURANCE PLAN NAME

PLAN PHONE

MEMBER ID

GROUP NUMBER

POLICYHOLDER NAME

POLICYHOLDER DATE OF BIRTH

YOUR RELATIONSHIP TO POLICYHOLDER

I authorize Liziah Therapies and its billing service to release the information my plan needs to process claims, and I ask my plan to pay Liziah Therapies directly.

Card on file authorization

I authorize the billing service for Liziah Therapies to keep my card on file in its secure payment system, and to charge it for copays, coinsurance, deductibles, self-pay session fees and late cancellation fees, as this policy describes. I may withdraw this authorization in writing at any time. I remain responsible for any amount already owed.

☐ I agree to the card on file authorization

Agreement

I have read this financial policy, had the chance to ask questions, and agree to its terms. I understand that I am responsible for payment of my account.

CLIENT PRINTED NAME

DATE

SIGNATURE (CLIENT, OR PARENT OR GUARDIAN)

PERSON RESPONSIBLE FOR PAYMENT, WHEN DIFFERENT FROM CLIENT

PHONE

Please do not write card numbers on this form. Card details go only through my billing service's secure payment system.