

Service Fees

I, _____, am aware that the fees for my services provided by Lynda Harper are as follows:

Individual session average cost (50 min)	\$175 - 250
EMDR (90 min)	\$225 - 375
Substance Abuse Evaluation	\$250
Mental Health Evaluation	\$250
Comprehensive Evaluation	\$400

I may be charged for any extra services requested. Those charges will be discussed with you prior to the service rendered. Services will not be rendered until fees are paid. Other services could include letters, emails, phone calls (other than scheduling), text, and services outside of regular sessions.

I understand that all fees are directly my responsibility to pay at the time of service.

I understand that I must give a 24 hour notice for cancellations, except in the event of emergency or unforeseen event, or I will be charged 100.00 for the session missed. Excessive cancellations or requests for appointment time changes are disruptive to the therapeutic process, as well as the therapist’s schedule. Should this become a concern, the therapist reserves the right to terminate treatment and/or assess a \$50.00 re-scheduling fee. Insurance companies will be billed and paid directly to the provider. I understand that I will be responsible for all outstanding monies not paid. For Out-of-Network insurance companies’ paperwork will be provided to you to submit a claim. I do accept checks however there will be a \$30.00 return check fee for any check returned.

I also agree to take financial responsibility for my sessions at the rate of \$_____ per 50 minute hour.

I agree to authorize and provide a method of payment in the form of a debit/credit card to be held by provider using IVY PAY to be charged of any outstanding monies for missed appointments or balances on past services.

I understand it is my responsibility to know information regarding my insurance benefits such as co-pay and if my deductible (if one is required) has been met.

My fees: _____ Co-pay: _____

Client Signature

Date