

Payment Policies for Individual Therapy

Please read and completely fill out the form below.

Before your first scheduled session, you are required to have a valid credit card on file. Alcove Mental Health utilizes an electronic health record system (IntakeQ) that is HIPAA and PCI Compliant. There is a form below to capture your CC information for future payment transactions. **As this is a fully telehealth practice, cash and/or check are not accepted forms of payment.**

- **AGREEMENT:** By completing and signing this Payment Agreement, you are indicating that you understand and agree to provide a valid credit card number, with expiration date, for payment of future therapy sessions, appointments or other fees.
- **AUTOMATIC PAYMENT:** Your credit card number will be kept on file throughout treatment and will be charged \$225 per individual therapy session. (Please note, the fee for the initial assessment appointment, a 75-90min intake, is \$300.) Individual follow-up sessions typically range in length from 45-60min. The charge per session is the same regardless of time spent with provider. **Automatic payments will be processed about 1 hour after your scheduled appointment.** It is expected that your session be paid on the same day as your service, unless other arrangements have been made. I reserve the right to cancel a session if payment is not made in accordance with practice policies.
- **CANCELLATION OR NO SHOW:** Your signature indicates you understand that if you do not attend a scheduled appointment, your credit card will be charged the regular session fee unless you cancel your appointment at least 24 hours in advance. For cancellations with less than 24 hours notice, 50% of the client's service fee will be charged. For missed appointments with no notice given or appointments cancelled within 1 hour, 100% of the client's service fee will be charged.
- **AMENDMENTS FOR EXTRA SERVICES:** Your signature indicates that you understand this payment agreement may be amended in the future to account for client requests for extra services, such as extended phone calls or consultations on your behalf. **While these services are not routine or expected in a typical course of treatment, as part of a good faith estimate, examples and associated costs are outlined below.**
 - **EXAMPLES:** Other professional services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me. All these services are charged at a prorated rate of \$200/hour in 15 minute increments.
 - If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. [I charge \$500 per hour for professional services I am asked or required to

perform in relation to your legal matter].

- **AUTHORIZED USER:** Your signature indicates that you are an authorized card user for the card you are placing on file.
- **INSURANCE:** At this time, Alcove Mental Health is NOT an in-network provider on any insurance panels. All services are charged as fee-for-service. If you are experiencing financial hardship, you may request an application for financial assistance. Discounted rates are available as low as \$150 for individual therapy appointments. For other services, payment plans may be available.
- **OUT OF NETWORK BENEFITS:** If you are eligible for out-of-network benefits with your insurance company, I can provide you with a "superbill" upon request. You can then use this to file an out of network claim with your insurance company to redeem associated benefits. Please note, by signing this Payment Agreement you understand it is the client's full responsibility to determine eligibility for out of network benefits, including deductible limits and claims filing processes. Alcove Mental Health does not file on your behalf.
- **OVERDUE BALANCE:** By signing this Payment Agreement, you agree that a re-billing fee/financial charge complying with Nevada State Law will be applied to any overdue balance. In the event of non-payment, you agree to bear the cost of collection and/or court costs and reasonable legal fees should this be required. A copy of this agreement will be available in your client portal.



CREDIT CARD INFORMATION

Name on Card

Credit Card Number

Expiration Date

Security Code

Postal Code

Client Signature

Date

Provider Signature

Date