

Fee, Payments and Billing

Payment for services is an important part of any professional relationship. We will need to discuss my fees, and any kind of insurance that you have. I accept payment from clients at the time or prior to the session. I take cash, check or credit card payments. So that we do not have to waste time at the end of our sessions, please write your check ahead of time and just hand it to me at the start of our session...

About Insurance: I take a limited amount of clients who have insurance into my practice. I do this as a service to clients. I am contracted with several insurance companies to provide services for a lower preferred rate. It is important you know what your insurance benefits are, as you are ultimately responsible for your therapy fees. Because, I sometimes have difficulties being paid by insurance companies, it is my policy to ask clients who are using their insurance, to pay the entire preferred fee for their session, until I receive payment from their insurance company. I will then reimburse you or credit your account. If you are not able to do this, I will take a copy of your credit card, which will be charged for services rendered, if your insurance company does not reimburse me. I will contact you, before I make that charge to your account.

My current fees are as follows:

Regular Individual Therapy, the fee is \$90 for a 45-50 minute session

Couple/Family Therapy, the fee is \$105 for a 50-55 minute session

We can discuss other fees for longer or shorter session times, copy, or report writing

Name of Person Responsible for Payment _____

If applicable, please provide copy of insurance card for therapist to copy or fill out the following:

Name of Insurance Company: _____ Address: _____

Insurance ID# _____ Group # _____

Name of policy holder if different from client _____

Relationship to Client _____ Policy holder's ID# _____

Policy holder's date of birth _____

Credit Cards: Please provide your credit card to be copied or fill out the follow information

Type of card: Visa Mastercard Card # _____ Ex.Date _____

CRV # (back of card) _____

I authorize Nancy Polli to make charges to my credit card for:

All of my session fees Any fees that my insurance company does not reimburse

For sessions that I miss or cancel with less than 24 hours notice.

Signature: _____ Date: _____

If there are any problems with any money related problem, please bring it to my attention. I will do the same with you. Such problems can interfere with our work and they must be worked out openly and quickly. I will need to share your personal health information, including diagnosis, treatment planning and your progress with your insurance company.