

Robert Jackman, LCPC

Psychotherapy and Clinical Hypnosis

Fee and Therapy Agreement

Please Initial

Payment of Fees: Payment for each session is required at the time of the appointment. Your first opening appointment is **one hour** and the fee is **\$180.00**. Thereafter, sessions are **55 minutes** in length and the fee is **\$160.00** per session. Copays and coinsurance are due at the time of service. Should it ever be necessary to change your fee, you will be informed in advance and have the opportunity to discuss the matter with my office.

Cancellations: Notification of at least **24 hours** must be received to cancel an appointment.

Cancellations must be made to **voice mail** at (630) 721 - 5765.

For same day cancellations, you will be charged a 50% fee or **\$80.00**

For no call, no show cancellations, you will be charged the full fee of **\$160.00**

Insurance: it is **your responsibility** to check with your insurance plan regarding pre-certification, number of sessions available, deductibles, copays and other terms. **If you have not done so, you will still be responsible for any payment due.** If your deductible has not been met, you will be required to pay the full fee at time of service, and your insurance will be billed and any payment credited as appropriate.

Insurance claims will be filed on your behalf by my billing service, Medical Office Services. MOS maintains strict patient confidentiality and only contacts your insurance carrier regarding payment of fees and no other matter regarding your care. MOS will follow up regarding non-payment of fees. In the event it is necessary to take legal action to collect fees, you will be responsible for all reasonable attorney's fees and costs that my office incurs in connection with the process.

There is no charge for phone consultations of less than ten minutes. Calls going over the ten minute length will be prorated at the cost of a full session which is **not** billable to insurance. Calls are not picked up or made during a session unless it is an emergency or the therapist expects an important client related call. Phone calls are returned within 24 hours unless otherwise noted.

Fee agreement acknowledgement _____ Date _____

Financial responsible party (if different) _____ Date _____