

Gale & Associates, PLLC.
Psychotherapy and Assessment Services

2760 W. Rasmussen Rd., Bldg D, Suite 210 • Park City, Utah • 84098

CLIENT/ GUARANTOR FINANCIAL AGREEMENT

PROFESSIONAL FEES: My hourly fee is \$170 per 60-minute session. Sixty-minute sessions are structured to provide 45 minutes of direct therapy, 5 minutes to schedule the next appointment and 10 minutes for me alone to document your session and plan for the next session. If our direct therapy continues beyond 50 minutes in a 60 minute scheduled session a prorated fee will be charged in 15 minute increments. In addition to weekly appointments, I charge this same hourly rate for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour. Other professional services include report writing, telephone conversations lasting longer than 10 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. 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. I also charge a copying fee of \$1.00 per page for records requests.]

BILLING AND PAYMENTS: You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage that requires another arrangement. Payment schedules for other professional services will be agreed to when such services are requested. [In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.]

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

INSURANCE REIMBURSEMENT: In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If necessary, I am willing to call the insurance company on your behalf to obtain clarification.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more

therapy after a certain number of sessions. Though a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. [Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will try to assist you in finding another provider who will help you continue your psychotherapy.]

You should also be aware that most insurance companies require that I provide them with your clinical diagnosis. Sometimes I have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any records I submit, if you request it. ***You understand that, by using your insurance, you authorize me to release such information to your insurance company. I will try to keep that information limited to the minimum necessary.***

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above [unless prohibited by the insurance contract].

LATE CANCELLATION/MISSED APPOINTMENTS: I (the undersigned) understand that if I or a dependent will not be able to come to a scheduled appointment, I am required to give a full **24** hours notice of cancellation prior to the scheduled appointment time. In the event that I do not give said notice, I specifically agree to pay a fee for the missed appointment in the amount of **\$125 for a session (45-60 min.), and \$200 for a session (75min. or greater)**. I understand that it is my financial obligation to pay this fee within two weeks of the missed appointment date. I understand that by signing below, I agree to the terms and conditions listed above.

Your initials indicate understanding and agreement to pay the late cancellation/missed appointment fee: _____

RETURNED CHECKS: I understand that in the event that there is a returned check, I specifically agree to pay a \$35.00 returned-check fee, in addition to the original payment amount, due within 2 weeks of the original payment date. I understand that by signing below, I agree to the terms and conditions listed above.

RECOVERY OF INCURRED CHARGES: I understand that once my account is 45 days late, a flat service fee of \$25.00 per 45 days will be applied to my account. I understand that this charge is a billing service charge, and cannot be removed once it has been applied. I also understand that If my account reaches 90 days past due, it will then be immediately turned over to a collection agency. In the event legal action is taken to collect on the account, I specifically agree to pay all reasonable attorney's fees and court costs. If the account is referred to a collection agency or attorney for collection, I further agree to pay an additional amount representing fifty percent (50%) of the principal balance. This additional amount is in recognition of the costs associated with said collection action processing.

Your initials indicate understanding and agreement to pay the Recovery fees: _____

I understand that by signing below, I agree to the terms and conditions listed above in this two page document. Any fees/charges incurred are payable to Gale and Associates, LLC.

Signature

Date