

Bridget StJohn Therapy, LLC

Email: bridget@bridgetstjohntherapy.com

Phone: 206-372-7081

Location: 105B W. Main Ave, Suite 115, Puyallup, WA 98371

Mail: 4227 S. Meridian, Ste C #176, Puyallup, WA 98373

Therapy Sessions

Your first session will involve an evaluation that will last a minimum of one (1) full session. During this time, you and I can together clarify treatment goals, frequency, and duration of sessions. A typical therapy session is 55-minutes per session.

Professional Fees

- **Initial 55-minute Intake Session:** \$160
- **Individual Therapy:** \$125 per 55-minute session.
- **Family Therapy:** \$125 per 55-minute session, \$180 per 90-minute session.
- **Professional Letters:** \$100 per hour.
- **Consultation:** \$50 per 45-minute session
- **Legal Proceedings:** If you become involved in legal proceedings that require my services, you will be expected to pay for all of the professional time involved, including preparation and transportation costs, even if called to testify by another party. It is important to note that due to the difficulty of legal involvement, I will charge \$150.00 per hour for preparation and attendance (from time of arrival to the time of departure) at any legal proceedings.
- **No show/No Call fee:** \$60
- **Late cancel (within 23 to 0 hours of session):** \$30
- **Payment:** Payment is due at the end of each session, *unless otherwise negotiated.*
- **Phone calls:** I do not charge for phone calls under 15 minutes. However, phone calls that exceed 15 minutes with clients or collateral contacts (school counselors, doctors, CASA or social workers, etc.) will be charged at a prorated individual fee of \$125 per hour. **Please note that many insurance companies will not reimburse for phone contact.*

Initial: _____

Insurance

Most insurance companies require a psychiatric diagnosis in order to reimburse for mental health counseling/therapy. This diagnosis, once established, will become part of your mental health record. It is your responsibility to contact your insurance company to inquire about specific coverage for mental health services. Payment or co-payment is expected at each session. In the event there are extenuating circumstances and insurance does not pay for session (s), clients are ultimately responsible for the balance on their account.

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Out of Network Provider

For all other insurance panels, I would be considered an Out of Network Provider. It is your responsibility to speak with your insurance company regarding coverage of sessions, amount of sessions allowed, and any other requirements/limitations they might have for mental health treatment. Although I do not submit the billing for you, I am happy to provide you with an invoice for your insurance with all the necessary documentation for billing.

And so, please check with your insurance company to determine your out-of-network benefits as it is likely your insurance company will cover a portion of the cost. When speaking with your insurance provider, you may consider asking the following:

- *Do I need prior approval/referral from my primary care physician?*
- *How many outpatient mental health sessions are covered per year?*
- *Is couple or family therapy covered? If so, is a mental health diagnosis for one member required for reimbursement.*
- *What is my deductible, and has it been met?*
- *What is my reimbursement rate for an out-of-network provider?*

Initial: _____

Additional Note:

I, _____, have read this Services and Fees Agreement and understand and agree to its content. I also knowledge receiving a copy of this statement. I have been provided with a fee agreement (if any charge is to be made) stating the agreed cost of counseling sessions and the policies regarding payment.

Client Signature: _____

Date: _____