

LYSA WEBB, MA LPC

5319 SW Westgate Drive Suite 211-A

Portland, Oregon 97221

503-515-2940

Billing Policy

With regards to my billing practice, I will ask you to pay the full fee (via check, cash or credit card) for your session at the time of the session. I am not set up to take insurance at this time. You may submit a claim yourself to your insurance company but be aware of my billing practices as some services listed below are not billable to your insurance company. You are held financially responsible for certain services while in treatment. However, I do have some slots available for sliding scale clients.

My cancellation fees (see below) are negotiable depending on the circumstances of the missed appointment. I do charge for an appointment that is forgotten for which I have no notice and for appointments that are canceled with less than two hour notice. You have 24 hours to cancel and/or reschedule your appointment without penalty.

I strongly encourage clients with serious colds, recent flus or stomach viruses to stay home and let me know of the situation as far in advance as possible. In most circumstances, I do not charge for illnesses and other unforeseen situations (e.g., snow-covered roads that are difficult to travel, car accidents, etc.).

Thank you for being part of my practice. I value your business and look forward to our work together. I invite you to discuss with me any concerns you may have with my billing policies/practice or other issues. Below are my fees for services:

Initial consultation/intake appointment (with parents only-if for a child) - \$100/50 minutes

Therapy (individual) - \$100/50 minutes

Family Therapy- \$150/90 minutes

Late cancellations (made with less than 24 hours notice) - \$100 (dependent upon circumstances)

****No shows and/or less than 2 hour notice - \$100 (You will be charged my full fee regardless of sliding scale/co-pay amount and it is not billable to insurance)****

Consultation (e.g., with schools, physicians, lawyers etc.) - \$200/hour or fraction thereof (not billable to insurance)

Reports and letters (e.g., to physicians, schools, or other professionals including lawyers) - \$200/hour or fraction thereof (not billable to insurance)

Phone calls (lasting longer than 15 minutes) - \$100/hour (prorated; not billable to insurance)

Copy of records: \$30 for the first 10 pages/ \$0.50 for pages 11-49 and \$0.25 each page thereafter (not billable to insurance)

Sincerely,

Lysa Webb, MA LPC

I received a copy of this statement: _____

LYSA WEBB, MA LPC

5319 SW Westgate Drive Suite 211-A

Portland, Oregon 97221

503-515-2940

Financial Payment Agreement

I understand and agree to Lysa Webb, MA LPC financial arrangement and billing policies. The following is my financial responsibility while in treatment (see below for fees set forth). I understand Lysa Webb, MA LPC may not take some insurance. If I choose to submit my own claim on my behalf, I also understand I may not be reimbursed by my insurance company for the full amount I submit/claim to my insurance company. I understand I may pay by cash, check or credit card (which Lysa Webb, MA LPC has on file—see below for credit card information).

Initial Intake fee is set at \$ _____

Individual Therapy fee is set at \$ _____

Family Therapy fee, as needed, is set at \$ _____

Below are services not billable to insurance companies, but I understand I am still financially responsible while in treatment with Lysa Webb, MA LPC. She will hold my credit card information on file, as payment for the following services and will charge my credit card when I request such services, I no show for an appointment and/or cancel an appointment with less than two hours notice, as outlined in her Billing Policy statement that I have a copy of.

Consultation (with lawyers, courts, doctors, schools, etc.) fee is set at **\$200**/hour prorated to 15 minute increments.

Reports and letters fee is set at **\$200**/hour prorated to 15 minute increments.

Copy of records: **\$30** for the first 10 pages, **\$0.50** for pages 11-49, and **\$0.25** each page thereafter (this is not billable to insurance)

Phone calls lasting longer than 15 minutes is **\$100**/hour and prorated to 15 minute increments.

****NO SHOWS or appointments canceled with less than two hours notice: \$100****

Late cancellations (made with less than 24 hours but more than two hours): \$ _____
(this is negotiable due to illness and other unforeseen circumstances)

My credit card information I agree to provide to Lysa Webb, MA LPC for all above services:

Credit Card Number: _____

Name as it appears on credit card: _____

Expiration Date: _____ CV code on back: _____

Billing Address: _____

My signature acknowledges my agreement to this financial agreement contract while in treatment with Lysa Webb, MA LPC.

Signature

Date

Print Name

I received a copy of this statement: _____