



## PAYMENT POLICIES

***\*Payment due at time of service\****

### **Session Fees:**

Initial Consultation Phone/Meeting: Up to 30 minutes free of charge (\$15 each additional 15 minutes)

\$125 per 55-minute individual session

\$50 Parent Meeting – One hour

**Cancellation/No Show Policy:** Although we recognize that unanticipated conflicts sometimes arise, it is the expectation that you will contact Anne Drake, LCSW to cancel scheduled appointments. If you do not show for an appointment or do not contact the therapist to cancel the appointment 24 hours in advance, a \$45 Cancellation Fee will be charged to your debit/credit card on file. Cancellation due to emergency, sudden illness or severe weather will be considered exceptions.

### **Phone Call and E-mail Communication:**

Phone calls and/or e-mails to or from you, or on your behalf, that are less than 15 minutes will be considered a free consultation within reason. Phone calls and/or emails that are 15 minutes or longer are subject to a \$45 consultation charge. These fees will be charged directly to your debit/credit card on file.

### **School Meetings/Consultations:**

Anne Drake, LCSW, holds a Professional Educator License in School Social Work and Education of the Deaf/Hard of Hearing. She is available to attend school meetings and provide consultation. These fees are **not covered by insurance**.

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| • School meetings                               | \$50/hour |
| • Verification of services – letter for schools | \$25      |
| • Progress Reports/Evaluations                  | \$25      |

### **Insurance:**

For out-of-network insurance plans, you will be provided with a receipt that you can turn into your insurance company for reimbursement, according to your plan specifications.

**Payment Methods:**

Payment by cash or check is due at the time of service and the receipt will be provided by email the Monday following the service. Payment made by credit card will be charged on the Monday following the service with an emailed receipt as confirmation. Please note, a \$25.00 fee will be added to your account for each check that is returned.

Anne Drake, LCSW contracts with ANE Credentialing and Billing to process all payments. ANE Credentialing and Billing has an authorized Business Associates Agreement with Anne Drake, LCSW to comply with HIPAA requirements to protect your health and financial information.

**Debit/Credit Card:**

It is required that a debit/credit card is kept on file. All debit and/or credit card information is kept securely. Regular session fees **will not** be charged to this card without your permission.

Name on card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

\_\_\_\_\_ Yes, I would like to pay my regular session fees with the above debit/credit card.

\_\_\_\_\_ No, I will pay my regular session fees by check or cash.

**My signature below indicates that I understand and agree to the above financial policies.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_