Kathryn Miller, LCSW, BCD, CCTP, CAT
The Conference Center
22 Parman Place, San Antonio, TX 78230
www.kathrynmillertherapy.com
210-592-8307

CLINICAL SERVICES AND THERAPY FEE AGREEMENT

A COUPLE SESSION is for 90 minutes. The rate is $250.00. A credit card is required to hold the initial consultation, with the understanding that a fee of $250.00 will be charged if the client does not show or cancel that day.

INDIVIDUAL SESSIONS **The regular session fee** *for "self-pay" c*lients is $160.00. *A* credit card is required to hold the initial consultation, with the understanding that a fee of $160.00 will be charged.

COPAYMENT/PAYMENT IS DUE WHEN SERVICES ARE RENDERED

An additional $10 charge will be applied if all copayments are not paid at the time of service or upon receipt of an electronic invoice. This arrangement is part of your contract with your insurance company, and failure to comply could be considered a breach of your agreement and cancellation of coverage.
If your account is over 90 days past due, your account will be turned over to a collection agency, whose charge (35%) of the amount due will be added to your account. Partial payments will not be accepted unless otherwise negotiated. If a balance remains unpaid, you may be discharged from the practice and your balance reported to the credit bureaus. If you are the holder and guarantor of your insurance policy, any unpaid balances by patients covered under your insurance plan are ultimately your responsibility.

CANCELLATION POLICY AND MISSED APPOINTMENTS

We know that in the event of illness, or other legitimate excuses, patients are not able to make their appointments. We have established an office policy to deal with these situations. Because we ask that a patient cancels 72 hours prior to their appointment, we suggest that they put a reminder in their phone.
Clients must cancel sessions at least 48 hours in advance. Cancellations made within 48 hours of the session will incur a cancellation fee of $50.00.

MISSED APPOINTMENTS AND LATE CANELLATIONS

Clients that fail to appear for their scheduled session without any notification will be charged a flat fee of $160.00 for the Individual missed session. Couples' who reserve two consecutive slots will incur a 250.00 charge.

Clients who cancel and/or **miss 3 consecutive sessions**, upon written notification, will be placed on the waiting list and/or will be given an outside referral. Voicemail is always available should you need to cancel. It is at the discretion of Kathyrn Miller- if there are several missed appointments to terminate treatment.

SESSION TIMES

Office Sessions Office sessions are 45-50 minutes long. Clients arriving more than 15 minutes after session start time are considered no-shows, as this negatively impacts the session's productivity.

VIRTUAL SESSIONS

Including any amount of time providing services via text, email, or phone, will be charged at 35.00 for each 15 minutes, with a minimum charge of 35.00.v This does not include scheduling appointments.

COURT APPEARANCES AND DOCUMENTATION

Court Appearances A at fee of $500.00 will be charged each day for clinical court appearances on behalf of the client. A written and signed letter must be obtained from the client and/or its representative at least one week prior to the court date.

DOCUMENT PREPARATION

Fee for a four-hour document preparation is $300.00. The evaluation fee must be paid prior to the release of the Court Evaluation Report.

SIMPLE FORMS

Simple Forms The fee for simple forms, like a one-page counseling verification letter to an attorney or court system official is 35.00 for each 15 minutes of time.

5. TRANSFER OR RELEASE OF RECORDS
6. RETURNED CHECKS
7. LATE PAYMENTS

Transfer or Release of Records to Outside Agencies or Persons A written, dated, and signed consent form must be obtained from the client or legal guardian prior to the release of the client's file. A service fee of 30.00 will be charged for records exceeding 5 pages, in addition to the cost of copying the records.

Clients are responsible for any fees incurred due to returned checks. A $30.00 fee for NSF per check will be charged to the client, plus client's balance due.

If a patient fails to make proper payment, and has a balance of $50.00 or higher, the bill will be sent to collections, unless other arrangements are made, such as a reasonable payment plan. It is the direction of the office to determine whether to continue seeing the client if a balance is due.
The financial information I provide is true and complete to the best of my knowledge. I will inform the therapist of any changes to my household that might impact my fee. I agree to pay all charges incurred by me and/or my family members.

Signature_____

Name (print)_____

Date_____