

PRACTICE POLICY FEE STATEMENT FOR CATHERINE J. HUNTER & ASSOCIATES, LTD.

APPOINTMENT CHARGES

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| (1) Diagnostic Interview/Intake 60 minutes CPT Code 90791 | \$165.00 |
| (2) Psychotherapy Session: | |
| Individual 16–37 minutes CPT Code 90832 | \$ 75.00 |
| Individual 38–52 minutes CPT Code 90834 | \$130.00 |
| Individual 53–60 minutes CPT Code 90837 | \$156.00 |
| (3) Family Therapy Session with patient 30 minutes
CPT Code 90832 | \$105.00 |
| Family Therapy Session with patient 45 minutes
CPT Code 90847 | \$155.00 |
| Family Psychotherapy without patient 45 minutes
CPT Code 90846 | \$155.00 |
| (4) Marriage Therapy session 45–50 minutes CPT Code 90847 | \$155.00 |
| (5) Group Therapy session 90 minutes CPT code 90853 for | \$ 75.00 |

(6) Telephone Consultation

Telephone sessions will be prorated for your session time. A minimum fee will be charged after ten minutes.

Based on \$2.80 per minute.

- (7) Consultation (other: i.e. : school staffing court proceedings etc., will include travel time at the billable rate of \$130.00 per 45 minutes, until completion, plus travel expenses and time included for writing and typing documentation.

APPOINTMENT CANCELLATIONS

ALL COUNSELING APPOINTMENTS MAY BE CANCELLED WITH NO CHARGE IF MADE 24 HOURS IN ADVANCE. You will be charged for your session if less notice is given. You will be charged for missed group sessions as well because your place in group cannot be filled.

INSURANCE

Insurance forms are your responsibility. Please note, if third party payments are accepted, you must pay for services at the time of service. Should you have any questions regarding your benefits we advise you to contact your company and ask about what your mental health insurance coverage and deductible is, as well as your copayment. Please consult with your therapist if you've any questions. You will receive a receipt after each appointment and we recommend you copy for your records prior to sending it into your insurance company.

CONFIDENTIALITY

Your therapist will not release information about you to anyone or acknowledge you are a client without written permission. In the event that an exchange of information will help you to facilitate your counseling, consent forms will need to be signed by you. If your spouse or family member wants information about your progress, they may come to a session where you have agreed to have them present. Your permission is required for this session. Your therapist reserves the right to break confidentiality only in instances where your physical safety or someone else's safety is in serious question.

I HAVE READ AND UNDERSTAND THE ABOVE FEE STATEMENT AND AGREE TO BE RESPONSIBLE FOR THE PAYMENT OF SERVICES.

_____ Client Signature, Date (__/__/__)