

**Jody Fixman Hansen, LLC**  
**17295 Chesterfield Airport Rd., Ste. 200**  
**Chesterfield, MO. 63005**  
**314-488-8798**  
**www.CounselingwithJody.com**

## **FINANCIAL POLICY**

Thank you for choosing Jody Hansen, LLC Counseling. My goal is to provide you with quality mental health care. Your informed participation and your understanding of payment arrangements are essential to my effort to help you, as well as to your effort to benefit from our time together.

*Please understand that payment of your bill is considered a part of your treatment.*

**Part One: Fees for Professional Services.** The fee for counseling is \$ 100.00 per counseling hour or your deductible. Visits last between 45 and 50 minutes, a time frame commonly called the “counselor’s hour”. At the Counselor’s discretion, a sliding fee scale rate can be negotiated with clients who are experiencing financial crises. These reduced rates are limited to 25% of the Counselor’s current caseload.

\_\_\_\_\_ (initial)

Full payment or copay is due at the time of service. Acceptable forms of payment include cash, checks, PayPal, Credit or Debit Cards. After each counseling session, a billing statement is generated that reflects the client balance, and a record of payment. This statement is kept in the client’s file.

\_\_\_\_\_ (initial)

At the discretion of the Counselor, client balances may be carried for a limited time. However, balances are considered past due if they remain unpaid for over 30 days. If your balance becomes past due, I will assist you in making payment arrangements. Interest in the amount of 1% per month (12% APR) will be charged for any past due balances.

\_\_\_\_\_ (initial)

If you must cancel a scheduled appointment, please let us know as soon as possible. With the exception of emergency situations, **if you must miss a scheduled appointment and you are unable to cancel at least 24 hours ahead of time, I charge \$100.00 for the missed appointment.** Unfortunately, your insurance company does not pay claims for missed visits, so that fee will be charged directly to you. Please help me to serve you better by keeping scheduled appointments. \_\_\_\_\_ (initial)

**Part Two: Other Fees.** If you, or someone else (e.g., another counselor or your lawyer), needs a copy of your file or of other records that may be legally necessary, I charge \$.25 per page for copying, plus postage. I also charge a \$30 fee for checks that are returned unpaid for any reason. \_\_\_\_\_ (initial)

**Part Three: Insurance**

Please note that your insurance policy is a contract between you and your insurance company. At this time, Jody Hansen, LLC is not a party to that contract. Jody Hansen, LLC will provide to you a bill of services that you can submit to your insurance as utilizing an “out of network” provider. Your insurance company will reimburse you at the “out of network” rate. Be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable by your insurance policy. If this is the case, you will be responsible for paying for any & all non-covered services. \_\_\_\_\_ (initial)

I have read the financial policy statement, I understand it, and agree to the terms described. Furthermore, I authorize Jody Hansen, LLC to release a mental health diagnosis or any other information necessary to process insurance claims, or to follow up with my insurance company for claim payments.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date