

PAYMENT PLANS FOR SERVICES WITH GRACE C. RIDDELL, LICSW, LCSW

I offer a few different payment plans to try to make my services affordable, as well as to accommodate those who do not have, or do not wish to use, their insurance. I accept checks, cash or credit/debit cards (Visa, American Express and MasterCard) for face-to-face sessions.

Once per month I will give you a Statement of Service for you to submit to your insurance company or if requested I can bill your insurance company electronically so that you can be reimbursed whatever you are due. Payment is expected at time of service unless other arrangements are agreed upon. There is a \$10 per month late fee for any payment of yours that is over one week late.

Per-Session Payment Plan for Group & Individual Therapy

My fee is \$170 for individual sessions (whether in-person or over the phone) and \$85 for group sessions. You agree to pay your fee at each session unless other arrangements are made with me in advance.

If your insurer provides less coverage than was originally anticipated, then you agree to pay the difference within one week of notification. If your insurer ends coverage before a therapy group you are in is over, then you agree to continue participation for the remainder of your group commitment.

Tuition Payment Plan for Group Therapy

This is an ongoing group; however, I offer a discounted payment plan if you prepay every six weeks. If you wish to pay in advance, the cost would be \$420 for a six session commitment which averages \$70 per session. This is a discounted amount from the cost you would pay for each of the group sessions individually.

Payment is due on or before the first group session of each of the six session terms. No discounts or refunds are given for any sessions you do not attend. If, for any reason, you drop out of group early, then you agree to pay for the remaining group sessions according to the Tuition Payment Plan.

All Group Therapy Members

Your initial individual session is at no charge; however, any subsequent individual sessions you may wish to have (whether in-person or over the phone), will be charged at the rate of \$170 per session, due at the time of the session. I require at least one individual session per 90 days at \$170 per session for all group members.

Policy on Absences (for all payment plans)

Individual and group therapy sessions **require 48 hours advance notice for a cancellation or rescheduling by telephone only. Email cancellations are not accepted.** The full fee is charged when less notice is given. (Insurance does not cover absences). Each member is allowed 5 excused absences per year. If all 5 absences are used, the member will be charged the full fee of \$85 per session unless using the Tuition Plan.

Payment Contract for Services

I, [print your full name] _____, the undersigned, hereby agree to abide by the [circle one]

Per-Session or Tuition Payment Plan as well as the Policy on Absences.

Signature: _____ Date: ____/____/____

Signed by: client guardian personal representative