



## **Fee, Payment and Billing Policy**

Understanding your financial responsibilities is important to your financial health and an essential element to your care and our work together. My current session fees are as follows. I reserve the right to adjust these fees in the future, and will give you two months advance notice of any such adjustments. Unless you tell me otherwise, your session fee or copayments will be automatically charged to the card on file through my EHR which uses Stripe as the credit card processor.

Payment for each session is due at the time of your session. This includes co-payments, insurance deductibles, and fees for services not covered by insurance. My office accepts cash, personal checks, and all major credit cards (including HSAs). Please make your checks payable to Shrader Psychotherapy, LLC.

Prior to our work together, it is important for you to verify insurance coverage. I ask that you contact your insurance provider and verify benefits before your first appointment. Once you have verified your benefits, please add your insurance information to the patient portal; I will use the information you provide to bill your insurance. If you do not complete the insurance verification and insurance coverage is denied, my hourly fee will apply. If you choose not to use your insurance or I am not credentialed with your insurance provider, I can provide you with a monthly Super Bill for you to file your own claims.



## **Insurance Policy**

Please keep in mind that Out of Network (OON) benefits are typically less robust than those remitted for IN services. I encourage you to call the customer service number on your card to obtain your benefit information if accessing these benefits is important to you.

Your insurance policy is a contract between you and your insurance company. It is your responsibility to know and understand the provisions, limits, and requirements of your benefit plan(s). I will file your insurance claim for you; however, I cannot guarantee benefits or payments. It is important to note that you remain financially responsible for all services provided by this office.

If your insurance carrier denies payment for services, you remain financially responsible for payment regardless of any insurance company determination, quote, or misquote, except where prohibited by law or prior contractual agreement.

Please bring your current insurance card to each visit and notify me of any changes in your coverage, address, telephone or family status.

If you believe you will have difficulty paying for your sessions, please speak with me about your concerns.



If you do choose to access your benefits, please also keep in mind the following:

Filing any type of claim with your insurance company (whether In-Network (IN) or Out-of-Network (OON) requires that a mental health diagnosis be assigned to you. Depending on your story and experience, I may or may not be able to supply this diagnosis, but I will be happy to do so if your situation warrants. Your insurance company may ask for additional documentation to support your claim. If your company contacts me directly requesting this information, I will communicate with you so that you can make a personal decision regarding what to share.

I am willing to discuss any of the above with you prior to beginning our work in order to help you explore your payment options and make an informed decision.

### **Individual Mental Health Therapy Clients**

Initial Evaluation Session (1 hour) - \$365

Ongoing (Regular) Individual Sessions (53-minute hour) - \$235

Family Sessions (53-minute hour) - \$235

Phone Session - \$235/hour, prorated for actual call length

Late Cancellation (outside of 24-hours) - \$235

No Show/No Call - \$235

Returned Check Fee - \$35

Chemical Dependency Evaluations - \$400 paid in advance.

Insurance does not typically cover the cost of these evaluations.