

HIGHWIRE THERAPY, LLC

ALLISON STAIGER, LCSW, TIYT

Financial Agreement

Please initial by the appropriate option:

_____ I am choosing to have my therapy services reimbursed by medical insurance carrier or 3rd party. I understand that by signing this form I am allowing Allison Staiger, LCSW to provide whatever information is needed to assure reimbursement for services she may render. Information could include diagnosis, treatment plans, goals/objectives and, in some mental health coverage plans, copies of the progress notes. The therapist would alert you to progress notes requests.

_____ I have insurance but it is out of network for this provider. I agree to pay all services at time of service and understand that it is my responsibility to file with my insurance carrier, if those benefits exist. The therapist will provide a monthly superbill upon request.

_____ I do not have insurance, or I am choosing not to use my insurance. I am paying out of pocket for counseling services. I agree that I will not bill my insurance now or in the future for the sessions already attended in the current course of treatment.

Please initial all following:

_____ Payment is due at the time of service, by cash, check, or charge. A balance may not be carried on my account. Accumulation of a balance will result in disruption of treatment and may require an active credit card to be kept on file going forward.

Fees and Services: Services are provided for the following fees:

- Initial Intake session (up to 90 minutes), \$150
- Individual Therapy Session (50-55 minutes), \$100
- Parent Consultation (50-55 minutes), \$100
- Additional services, such as school visits, involvement in hearings or depositions, extended report-writing, etc., have a separate fee schedule, which would be provided as needed.
- Currently, there is no charge for phone calls between visits. However, should this policy be taken advantage of, clinician reserves the right to re-evaluate. Client will be told before this happens.

_____ A 24-hour cancellation notice is required. Failure to provide adequate notice will result in a full session charge.

_____ Any increases in the fee schedule will be submitted to the client in writing 60 days before change will go into effect.

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