



Financial and Scheduling Agreement

This **Financial and Scheduling Agreement** contains information for you on the financial and scheduling policies and procedures of Optimal Behavioral Health PLLC. Please read this **Agreement** carefully and ask any questions you may have. You will be asked to sign this document, indicating that you have read it, and that you understand and agree to the policies and procedures outlined.

1. Scheduled Appointments

- Counseling appointments are scheduled in 60 and 90 minute sessions. Longer sessions can be arranged if mutually agreed upon, at an additional rate. Intake assessment appointments are scheduled in 120 minute sessions.
- If you are unable to keep a scheduled appointment session, please contact your therapist at least 24 hours in advance. Late cancellations (less than 24 hrs. in advance) and no show appointments will be charged the full fee for the session length. Exceptions to this cancellation policy are made on a case by case basis, in the event of an emergency at the discretion of your therapist. Multiple consecutive late cancellations or no shows occur, may result in the suspension or termination of services, if this is the case a referral will be provided. Insurance companies do not reimburse no-show appointments.
- All sessions are scheduled at the start of the hour (unless otherwise specified) if you are late your session will start when you arrive and end at its scheduled time. You will be billed for the full session rate of your scheduled appointment.

2. Payment

- Payment in full is due at the time of service.
- I accept cash and all major credit cards. Checks are made payable to: Optimal Behavioral Health PLLC. A \$25 fee will be charged for returned checks.
- I charge the full fee of \$110 per hour to write letters for court or any other legal considerations. I am under certain legal and ethical constraints regarding letters for court and therefore reserve the right to decline the request at my discretion. Please allow 2 weeks notice before a letter is due. You will be charged in quarter-hour increments for telephone calls to discuss issues or concerns between sessions. The same will be true for my telephone interactions with attorneys, physicians, schools or others on your behalf. You are expected to pay these extra costs at our next session.

- At this time Optimal Behavioral Health PLLC accepts First Choice Health and Coordinated Care health insurance plans. I am considered an out-of-network provider by most other insurance companies. If you would like to seek insurance reimbursement for out of network care for a session or intake assessment I am able to bill out of network for most other insurance providers, as a courtesy I can review your benefits prior to intake or I can provide a receipt for the appointment, however it will be the clients responsibility to follow through and seek reimbursement for the session when receipt is provided..
- Optimal Behavioral Health PLLC offers a sliding fee scale option for individuals who are in need of services but do not have the financial means or insurance to cover therapy. This is offered on a case by case basis and based on the [federal poverty guidelines](#). Proof of financial hardship is requested at time of service.

Standard Rates

60-minute.....	\$110
90-minute.....	\$140
120-intake.....	\$175

Sliding Scale Fee Rates

60-minute.....	\$55+
90-minute.....	\$80+
120-intake.....	\$100+

Financial Agreement

I have read and understand the information regarding fees, scheduling and payment. I understand and agree to this payment contract. I understand that I am responsible for my fee and that fees are due at the time of service. Please be advised that if a balance accumulates on your account and no effort is made on your part to pay the balance in a timely manner, Optimal Behavioral Health PLLC reserves the right to turn your account over to a collection agency and to terminate services/treatment immediately.

Signature of patient or legal guardian

Printed name of patient or legal guardian

Date

