



Better Mindset Therapy Fee Schedule

Therapy Sessions	Fee	Note
Initial Therapy Intake Appointment	\$175	One time fee of \$25 for intake process
Therapy Sessions	\$150	Recurring fee for sessions after initial intake appointment
Insurance	Deductible / Copay/ Negotiated Rate	Services may be covered in full or in part by your health insurance or employee benefit plan. <u>It is your responsibility to verify prior to commencing mental health services.</u>
Late Cancellations & No Shows	\$150	Full Therapy Session fee. Please refer to the Cancellation & No Show policies below

Cancellation Policy:

A 48 hour notice is required for cancellations. You will be charged the full amount of a Therapy Session (**\$150**) if you do not cancel your session as required. You may talk with your therapist directly or by email at cancellations@bettermindsettherapy.com.

This policy will be explained to you at your initial therapy intake appointment. Making commitments and following through is part of life. We at Better Mindset Therapy understand that there may be some instances where 48 hour notice cannot be given. You may discuss waiving this fee with your therapist on a case by case basis. There is no guarantee that your fee will be waived.

After two late cancellations, Better Mindset Therapy has the right to not accept any future therapy sessions and drop you from treatment.

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No Show Policy:

Similar to the late cancellation policy, you will be charged the full amount of a Therapy Session (**\$150**) if you do not show up to your scheduled session.

After **two** No Shows, Better Mindset Therapy has the right to not accept any future therapy sessions and drop you from treatment. **← CHECK BOX TO ACKNOWLEDGE**

Rates & Insurance

Therapy is a commitment of time, energy and financial resources. If you have health insurance, it is important for you to verify your mental health benefits, so you understand your coverage prior to your appointment. Some insurance companies require a pre-certification before the first appointment, or they will not cover the cost of services. Our current fees are as follows:

Initial Intake Appointment: \$175

Counseling Sessions: \$150

Patients with insurance: the negotiated rate with each insurance company

We are happy to assist you by having our Practice Manager file claims to your insurance company on your behalf. However, you, not your insurance company, are responsible for payment of the fee for therapy. Acceptable forms of payment include cash, check and major credit cards, and payment is expected at the time of service. Cancellations or missed appointments without 48-hour notice will be subject to full fee charge (\$150.00), and insurance companies do not pay charges for missed appointments. If fees for services are not paid in a reasonable amount of time, and attempts have been made to resolve the financial matter to no avail, a client account may be sent to a collection service. In addition, we do not bill secondary insurance. Additionally, I understand that there is a two (2) missed session policy, which states that my therapist cannot guarantee a spot if I miss/cancel/or do not call for two or more appointments. **← CHECK BOX TO ACKNOWLEDGE**

We check insurance benefits as a courtesy for our clients. There are times when insurance misquotes benefits. In the event of a misquote, clients are still responsible for their copay/coinsurance/deductible amount that insurance reports after claims are submitted. **← CHECK BOX TO ACKNOWLEDGE**

Clients can call their insurance company to check their own benefits as well by calling the number on the back of their insurance card.

Disputed Charges

You are always welcome to, and have the right to, dispute a charge by communicating your concerns to your clinician and/or administration at Better Mindset Therapy. However, if you initiate an official dispute with your financial institution and/or payment processor citing the charge from Better Mindset Therapy is not legitimate, there are a few things to be aware of. Even if you feel a fee from Better Mindset Therapy is unfair or unjust, officially disputing fees from Better Mindset Therapy via your financial institution and/or payment processor could be considered fraud. Upon receipt/notification of any officially disputed charge, Better Mindset Therapy immediately charges a \$50 disputed charge fee to the card on file for the time to process the dispute. The \$50 disputed charge fee applies to any and all disputed charge(s) and is in addition to the amount being disputed which will be added to your account balance. Better Mindset Therapy reserves the right to provide proof of legitimate charge.

PLEASE NOTE: Every January 1st our rates increase by \$10 a session.

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Letters:

Better Mindset Therapy does not provide disability letters, companion pet letters, letters regarding your ability to work, or any letters that would inform providers of your mental health history. You must discuss these needs with your medical or primary care provider.

If a letter is required attesting the client's needs, the therapist will provide it for a fee of **\$50** per one-page letter and **\$25** for each additional page. Letters are only provided to clients who have been seen for 4 sessions or longer.

Records Retrieval/Requests:

Under California Health and Safety Code any adult patient, a minor patient authorized by law to consent to his or her own treatment, or the patient's legal representative, (i.e., a parent, guardian, conservator, or personal representative of a deceased patient) has a right to access the clinical record.

As per HSC § 123110, if the patient or representative requests to inspect the record, the record must be made available during regular business hours within five (5) working days after the request is received.

If the patient wants a copy of all or part of the record, copies must be provided within fifteen (15) days after receiving the request. Under the code, Better Mindset Therapy may recover up to \$0.25 cents per page for the cost of copying the record, as well as, the reasonable cost for locating the record and making the record available.

Requesting Party	Retrieval Fee	Per Page Fee
Patient/Client	\$50	\$0.25
Social Security Disability	\$0	\$0.00
Workers Compensation	\$50	\$0.25
Any Other Organizations	\$50	\$0.25

Court Appearance:

Clients are discouraged from having the therapist subpoenaed. Though the client's attorney, who initiates the subpoena request is responsible for the court appearance and testimony fees, it does not mean that the therapist's testimony will be solely in the client's favor. The Therapist will only testify their professional opinion and to the facts of the case.

The following fees apply for court appearances. All hourly billing will be billed in 15 minute increments:

- Preparation time (including submission of records): \$220/hour.
- Phone calls: \$220/hour
- Depositions: \$250/hour
- Email or written letters: \$220/hour
- Time required in giving testimony: \$250/hour
- Mileage: \$0.65.5/mile
- Time away from office due to depositions or testimony: \$220/hour
- Filing a document with the court: \$150 + applicable court fees
- The minimum charge for a court appearance: \$1500
- Any and all legal fees and costs incurred by the therapist as a result of the legal action. This includes but is not limited to fees we are charged for legal consultation and representation by our attorneys

PLEASE NOTE:

A retainer of \$1500 is due in advance. If a subpoena or notice to meet attorney(s) is received without a minimum of 48-hour notice there will be an additional \$500 “express” charge.

If the case is reset with notice of less than 72 hours, the client will be charged \$500 (in addition to the retainer of \$1500).

All fees are doubled if the therapist has to postpone or interrupt plans made in advance of the notice.

Acknowledgement:

Please ask before signing below if you have any questions about therapy or our office policies. Your signature indicates that you have read and received our Schedule of Fees and agree to the terms listed.

By signing below, I acknowledge that I have read and agree to the terms listed in the Information, Authorization, & Consent For Mental Health Services Contract.

Date: _____

Client Printed Name: _____

Client / Legal Guardian Signature: _____