FEE AGREEMENT AND POLICY
Mary Ann Van Buskirk, LPC
Life Dimensions

Appointments, Fees and Cancellations: Fees for individual, couple, and family counseling are $90.00 per 45 minute session. There will be a charge of $30.00 for each additional 15 minute interval. Payment is due each session unless other arrangements have been made. Appointments must be cancelled at least 24 hours prior to the scheduled appointment otherwise the client will be charged for the missed session. Mary Ann Van Buskirk will gladly offer another appointment later in the week following a necessary cancellation if she has another opening in her schedule. It is understood that this cost will not be billed to the insurance company, but will be the responsibility of the client. Exceptions will be made in case of emergencies. Fees can be paid by cash, check, VISA, or Mastercard at the time of service. Additional fees will be charged for special services such as report writing, court appearances, phone calls, or specific visits.

Insurance: The client is responsible for determining whether coverage exists with his/her particular company, submitting appropriate claim forms, and paying whatever portion of the fee that is not covered within the individual policy. Please inform Mary Ann Van Buskirk immediately if you are considering using your insurance so additional forms can be provided to you. Please have your co-payment made out to either Mary Ann Van Buskirk or Life Dimensions before coming into your session. Credit card charges will not be accepted for co-payments. Sessions covered by insurance are for 45-50 minutes.

Denial of Service: Services can be denied due to non-payment of fees. If the agreed upon fee payment schedule is not followed and other arrangements have not been negotiated, discussion of termination of treatment can occur. The timing of this is left to the judgment of Mary Ann Van Buskirk following the second session.

Telephone Accessibility: You can reach Mary Ann Van Buskirk at 303-692-8006 where she regularly retrieves messages and makes every effort to return calls within the same day. However, she cannot provide 24 hour on-call service. In the event of an emergency, please call 911 or go to your nearest hospital emergency facility.

Name of Person Responsible for Payment:_____

Please Check One:

____ **I DO NOT HAVE APPLICABLE INSURANCE. I agree to pay $_____ per session.**

____ **I DO HAVE APPLICABLE INSURANCE. Please fill out Insurance Release of Information Form.**

I have read and understand the above information.

_____ _____

Client Signature Date **Client Signature Date**