

Sara Marley, LCSW

Fee Contract Office Policies

The objective of this statement is to clarify our agreement regarding billing and payment of services, so that the work we do together will not be complicated by any misunderstanding.

This agreement for payment is between _____ and Sara Marley, LCSW.

FEES

The rate for my services is \$100 per 50 minutes for outpatient treatment and clinical supervision.

Longer sessions will be prorated on that basis. There is no charge for telephone calls dealing with insurance matters, appointment confirmation, cancellations or scheduling. Written reports and consultations with others will be charged at the respective rates. Therapy services are also payable through Health Savings Accounts and Flex Savings Accounts.

POLICIES

- Please make payments at the time of service. Payment can be made by personal check or cash. Additional appointments cannot be scheduled until balance due is paid in full.
- Please give me **24 hours notice** for any cancellation. I reserve this time for you and unless I am able to schedule someone else, I will bill you for an office visit.
- Insurance cannot be billed for missed appointments or late cancellations. By signing this contract, you agree to pay the full fee that your insurance pays me per session if you miss a scheduled appointment without 24 hour notice of cancellation.
- I will assist you in insurance reimbursement by providing billing statements that you may submit.
- **Inclement weather policy:** If Denver Public Schools are closed for the day due to severe weather, my office is also closed and you will not be charged for an appointment on that day. I am in the office regularly, even if there is snow or heavy rain, I value the work of my clients and am available for appointments. If you are unable to make a scheduled appointment due to bad weather, I offer one “freebie” to each client in this regard. You will not be charged for the appointment that one time. Other

than the one “freebie,” you will be charged for sessions that are not cancelled or rescheduled 24 hours in advance.

Please sign below indicating your agreement to the terms of this fee contract.

Client _____ Date _____