

Updated 10/16/2018

Fee Agreement



Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_

- Fee for Services: My standard fee is \$130.00 per 53 minute session. This is the same fee charged for any missed or late canceled appointments. In certain circumstances, I might arrange a reduced fee for you, which we will finalize in writing before the start of services. Additional fees might include: preparation of requested documents, court appearances or support, lengthy phone calls, or copying and sending records. Generally speaking these additional services and fees are not covered by your insurance. I will discuss any fees with you at the time of a request. Please inform me of any change in your financial situation that impacts your ability to pay for services.
- Payment for Services: I accept cash, credit card, and personal check payments made payable to Lillie McCatty. Any co-pays or out-of-pocket payments are due directly to me at the start of each session. I am in-network with Regence, First Choice, and some Kaiser Permanente plans. For plans that are in-network I will bill the insurance directly. Some other plans may have out-of-network benefits available. I do not bill for out-of-network services. I will provide a superbill that you can use to pursue reimbursement. If you are utilizing insurance you are responsible for your deductible, co-pay, and any amount that insurance does not pay excluding the contractual amount for in-network services.



I plan to use insurance benefits:

Insurance Provider: \_\_\_\_\_

Guarantor's Name: \_\_\_\_\_

ID No.: \_\_\_\_\_

Co-Pay Amount \$ \_\_\_\_\_



I plan to pay out of pocket:

Agreed upon fee amount per session \$ \_\_\_\_\_

I agree to and have signed the cancelation agreement.

\_\_\_\_\_  
Client Signature if Client is Over 13

\_\_\_\_\_  
Signature and Name of Parent if client is under 18