

MASTERPEACE Center for Counseling and Development

308 South Maumee Street • Tecumseh, Michigan 49286

CLIENT COPY

FEE AGREEMENT

MASTERPEACE charges fees for each session and according to the professional providing the services. The fee schedule is as follows:

COUNSELING	Initial Session Fee	Follow-up Fee
Master's (LMSW)	\$130	\$100
PhD/ Supervised LMSW	\$150	\$120
Late Cancel/No Show Fee		\$40
TESTING	2 Hour Fee	4 Hour Fee
PhD/ Supervised LMSW	\$260	\$510
NEUROFEEDBACK	1 Visit	10 Prepaid Visits
PhD	\$75	\$600

Administration Fees	Communication or Correspondence	Other Professional Services
LMSW	\$100	\$150
PhD	\$120	\$175

A 45 to 60 minute session will be **charged at the applicable amount above**. The Client, Parent, or Guardian listed below will be responsible for paying all co-pays, deductibles, and other charges as required by the insurance company.

The Client, Parent, or Guardian understands that the "usual and customary" rate approved by the insurances is not a guarantee of payment. The client's actual out-of-pocket expense may be more than the co-pay amount alone (i.e. deductible must be met in full). The client further understands that any insurance benefits received by MASTERPEACE will be credited to the client's account and that if the insurance company pays the client directly the client will owe MASTERPEACE the entire amount.

Masterpeace Counseling reserves the right to charge the Late Cancel/No Show Fee of \$40.00 if the client neglects to cancel an appointment 24 hours in advance.

Medicaid Clients: Client, Parent, or Guardian will be responsible for payment of fees that are not a covered benefit of the Medicaid plans. (Example of non-covered services: any court ordered counseling, Late Cancel/No Show fee of \$40.00, or sessions beyond what Medicaid authorizes, etc...)

The client, parent, or guardian agrees to accept full responsibility for payment for all services rendered, including deductibles, co-pays, and any amount denied by the insurance company.

RELEASE OF INFORMATION FOR REIMBURSEMENT OF SERVICES

MASTERPEACE will release information to the client's insurance company or any other entity providing reimbursement of services:

1. To determine eligibility and process claims for benefits submitted on behalf of the client or the client's dependents.
2. This signature will bind the client to authorize the Therapist to submit claims for services rendered, without having to obtain the client's signature on each and every claim.
3. To authorize the client's insurance company or any other entity providing reimbursement of services to pay and assign directly to MASTERPEACE all benefits for services as described.

CLIENT'S APPROVAL OF FEES AND RELEASE OF INFORMATION

I, the undersigned, have discussed the above terms with the professional, who has fully answered my questions. I acknowledge that I have the legal authority to agree to the above terms and will inform MASTERPEACE immediately if the authority changes.

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Case # _____

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Scan Date _____

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Signature of Client, Parent, or Guardian

Date

Print Client’s Name and Parent/Guardian (if minor)

MASTERPEACE COPY