

# Inner Harmony Health & Wellness, LLC

## Statement of Fees and Payment Policy

### **Payment for Services:**

Payment is expected at the end of each session and can be made in the form of cash, check, credit card, or Health Savings Account (HSA) cards that bear a MasterCard or Visa logo. If using a credit card, you will be asked to fill out a *Credit Card Authorization Form* providing billing information to be kept on file.

### **Standard Fee Rates:**

50 minute individual/couples session: \$110

50 minute family session: \$150

### **Out-Of-Network Insurance:**

Inner Harmony Health & Wellness, LLC does not bill out-of-network insurance directly. Depending on your plan, most insurance companies will reimburse a percentage of the session cost as out-of-network, if you choose to use your out-of-network benefits, please verify benefit coverage prior to your first visit. Documentation may be provided by your therapist for you to submit to your insurance company for reimbursement. Upon your request, a "Superbill" receipt will be provided to you for each date of service. The information stated on the "Superbill" receipt includes the therapists credential, license number, tax ID, NPI#, client information, diagnosis code, and cost of each session.

### **Sliding Fee for Service:**

Inner Harmony Health & Wellness, LLC offers a sliding fee for service, details of which are available on the website:

<http://inner-harmony.net> or by asking your therapist for a copy of the sliding fee form. Please note, sliding fees are based on income and if you are using out-of-network insurance benefits to pay for therapy, sliding fees do not apply.

### **Cancellations and No Shows**

If you need to cancel an appointment, please do so no later than 24 hours prior to your scheduled appointment. Failure to provide at least 24 hours cancellation notice will result in a \$50.00 fee. This fee is billed to you personally and is not covered by insurance. You are responsible for paying this fee by the end of your next scheduled appointment. If you chose to provide credit authorization, your card will be billed for any missed appointments that fit the 24 hour cancellation policy. A bill may be mailed directly to clients who do not show up for, or cancel an appointment.

### **Miscellaneous and Paperwork Fees:**

The below fees are not covered by insurance and are the responsibility of the client.

- Paperwork such as filling out forms or writing letters at the request of the client will incur an additional client fee for service billed at \$50.00 per half hour of therapist's time.
- There is a \$20.00 fee for any returned checks.
- **Please note:** In the event your therapist is served with a subpoena or requested to provide information for legal issues, a fee of \$150.00 per hour will be charged for your therapist's time in preparing for, and participating in, such legal action. These include (but not necessarily limited to): responding to a subpoena, release of information request, written reports, paperwork needs, consultation, phone communication, travel and wait time involved in attending deposition, hearing or trials. Additionally, the client is responsible for any legal fees incurred by your therapist due to involvement in such legal actions.

### **Agreement**

I have read (or have had read for me) and understand the information outlined in this document pertaining to all applicable fees & payments for services. My signature below indicates my agreement to comply with the above policies and procedures.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature of Client/Guardian) (Print Name)

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Print Name and Title)