

WHAT IS MY FEE AND HOW DO I ACCEPT PAYMENT?

I am a psychotherapist independent of managed care, so the course of therapy is always patient-centered and controlled by client and therapist - not by an insurance company or other third party. This enables me to guarantee complete privacy, confidentiality, trust, and discretion.

I have a Fee-for-Service policy which means you pay at the time of service. I accept payment in the form of cash, check, or credit card.

Current payment information:

- Assessment/Consultation Session: \$175 per 60 min session
- Individual Therapy Session: \$150 per 45 min session
- Couples/Family Therapy Session: \$150 per 45 min session, \$250 per 90 min session
- Group Therapy Session: \$60 per 90 min session

There is an initial screening session for each group member which cost \$60. A deposit is required for the first two group sessions. The initial deposit of \$120 covers the cost of two group sessions.

DO I HAVE A SLIDING SCALE?

I do have a sliding scale, and I do work with my clients to ensure they can afford their treatment.

DO I TAKE INSURANCE?□

Payment

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My practice is a patient-centered personal service. Because I am independent of managed care, I do not accept payment directly from insurance providers. However, if you have out of network coverage from your insurance carrier, your mental health benefits may be reimbursable. I will provide you with the appropriate statement for submission to your insurance carrier.

Some of the insurance companies that reimburse my clients are Aetna, Cigna, Oxford, United Behavioral Health and others.

Check with your insurance company to see if your plan covers you for out of network psychotherapy services and ask your carrier for details.

Check your coverage carefully by finding the answers to the following questions by directly asking your insurance company:

- What are my mental health benefits?
- How many therapy sessions does my plan cover?
- What is the coverage amount per therapy session?
- How much does my insurance pay for an out-of-network provider?
- Is a referral required from my primary care physician?