

**SERVICE FEE FORM**

**PRIVATE PAY:** \$175 initial assessment session, \$150 subsequent individual sessions, of 60 minutes in length, \$110 for sessions 45 minutes in length, \$90 for sessions 30 minutes in length.

Payment is due at the time that services are rendered. I understand that I am also responsible for payment of no shows and late cancellation of services. Communicating outside of session is billed at the standard hourly rate of \$150 (includes written and e-mail correspondence, telephone contact beyond scheduling & rescheduling, and any court reporting/waiting time). The cost of any court testimony will be estimated based on case needs and is expected to be paid in advance of any court hearing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMPLOYEE ASSISTANCE PROGRAM:**

Name of EAP: \_\_\_\_\_ # of Sessions Authorized: \_\_\_\_\_

My signature below authorizes billing to my EAP for services provided. Other payment options are available once my EAP benefits have been exhausted. Communicating outside of session is billed at the standard hourly rate of \$150 (includes written and e-mail correspondence, telephone contact beyond scheduling & rescheduling, and any court reporting/waiting time). The cost of any court testimony will be estimated based on case needs and is expected to be paid in advance of any court hearing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SERVICE FEE FORM**

**INSURANCE:** \$175 initial assessment session, \$150 subsequent individual sessions, of 60 minutes in length, \$110 for sessions 45 minutes in length, \$90 for sessions 30 minutes in length.

I authorize the release of mental health and medical information necessary to process this claim including substance abuse or AIDS/HIV related information. The following information may be released to my insurance carrier for reimbursement purposes:

*Name, address, age, diagnosis, treatment plan, therapeutic evaluation, dates and cost of treatment*

I understand that I am responsible for any portion of the fee that insurance does not cover including deductibles, co-pays, and charges for no shows or late cancellations.

Communicating outside of session is billed at the standard hourly rate of \$150 (includes written and e-mail correspondence, telephone contact beyond scheduling & rescheduling, and any court reporting/waiting time). The cost of any court testimony will be estimated based on case needs and is expected to be paid in advance of any court hearing. I authorize payment of medical benefits directly to Juliene Lemon, LMHC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

