

Statement of Fee Policy

Playful Nature requests that you read and sign this statement to acknowledge your understanding of our fee policy. Your signature does not bind you to therapy; it does make you responsible for charges incurred.

Fees are payable to Playful Nature at the time of service. Playful Nature accepts cash, check, or credit card.

Fees for services offered:

*Comprehensive Initial Parent Meeting - Initial meeting is a 75 minute in-person meeting between the therapist and parent(s) to include discussing history, concerns, struggles, goal setting, and answering further questions : \$150

*Play Therapy Session - 60 minute therapy session: \$110 (Includes 45 minute play therapy session with child and 15 minute support contact with parent (in person or by phone)
90 minute therapy session: \$150 (One hour and 15 minute play therapy session and 15 minute parent contact).

*Parent Coaching/Support: Outside of the above mentioned built in parent support contact, I offer additional parent support sessions if needed or desired by parents. Fees are based on hourly rate of \$110 per 60 minute session (rates would be pro-rated based on this amount in 15 minute increments for any amount above or below 60 minutes).

*Auxiliary Services: Pro-rated per 60 minute session fees of \$110. Auxiliary services refers to case summaries, consulting with teacher/schools/occupational therapist's or other professionals working with your child, phone calls lasting longer than 15 minutes, and any other services requested by the client (or parent).

Playful Nature does not accept insurance. The client is responsible for completing, filing and collecting third-party (e.g. insurance) reimbursement. I will provide a Professional Service Statement (Superbill) that can be attached to your the insurance form. Please be advised that some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made can become part of your permanent insurance records.

Under some circumstances reduced fees are accepted and will be determined and agreed upon on an individual basis. Please speak with therapist to determine if there are any sliding scale fee options available.

Emergencies: Playful Nature attempts to operate this practice in a way that is responsible to each client's needs while being respectful of this business's limits. Therefore, therapists do not carry a pager or other means of emergency contact, and are not ordinarily available for crisis

calls that occur outside of scheduled appointments. **If you have a true emergency, call 911 or go to the nearest hospital.**

Voicemail is checked daily during business hours. Please leave your name and phone number and calls will be returned within 24-48 hours.

Client Payment and Agreement

_____ I agree to pay in full at each session.

_____ I agree to be responsible for completing, filing and collecting third-party (e.g. insurance) reimbursement. A Professional Services Statement is completed at the end of each session and services in lieu of the therapist filling out the “provider” section of the claims form. Simply attach this statement to your insurance form.

_____ I agree to give 24 hour notice when canceling or changing an appointment to have my fee waived.

_____ I agree to make a full payment if I change or cancel an appointment without 24 hours’ notice.

Signature of Responsible Party

Date

Signature of Responsible Party

Date