Tiffany Cate, M.S.
Licensed Mental Health Counselor
Bayside Therapy Associates, LLC
12 Bellwether Way Ste. 220, Bellingham, WA 98225

Billing Practices / Financial Agreement

Client Name: _____ **Date of Birth**: _____

Financially Responsible Party (e.g. self or parent): _____

As the Financially Responsible Party for the client please carefully review this information and sign below:

Session Fees:
Payment for services will be due at the end of each session. My basic rates are:

$160.00 for an initial intake session	$140.00 per 50 minute family counseling session
$120.00 per 38-52 minute individual counseling session	$145.00 per 53+ minute session

For those with insurance, your insurance company may pay a portion of the cost of your therapy per session. In this case, your patient responsibility (e.g. deductible, co-pay - a fixed amount specified by insurance companies for certain services or coinsurance - a percentage of costs specified by insurance companies for certain services) becomes your fee, while I collect the remainder of your fee from the insurance company. Please remember, however, that you are ultimately responsible for payment of your costs, not your insurance company.

You are responsible for obtaining any authorization your insurance requires.

Changes in Insurance Coverage:
As a reminder, it is the client's/responsible party's responsibility to inform service providers of any changes in insurance coverage. Your insurance company will only inform service providers about any changes in insurance coverage **after** a bill for services has been submitted to the insurance company.

"No show" and Cancelled Appointments:
If appointments are missed without notification, **you, not your insurance company**, will be charged a no show fee of $**120.00** for the session missed. If you need to cancel your appointment for any reason, please do your best to cancel 24 hours in advance. Appointments canceled within 24 hours of the appointment time may be subject to the no show fee.

Fees for Unpaid Bills:
To offset the cost of paper, printing, and administrative time needed to resend unpaid billing statements, bills that need to be resent due to non-payment will be charged a $3.00 administrative fee. In addition, there will be a 1.5% interest fee per month added to balances that have received no payment for over 30 days. Bills that remain unpaid for over 90 days are subject to being sent to a collections agency.

Non-Sufficient Funds (NSF) Check Returns:
Checks that are returned as NSF will incur a reprocessing fee of $10.00 per occurrence.

_____ _____
Signature of Responsible Party Date **Tiffany Cate, M.S. Date**