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Licensed Mental Health Counselor
Bayside Therapy Associates, PLLC

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. The rates for my basic services are:

\$180.00 for an initial intake session for MS, MA, MSW	\$155.00 per 50+ minute session for an MS, MA, MSW
\$235.00 for an initial intake session for a Ph.D.	\$205.00 per 50+ for a Ph.D.

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 becomes your session fee which may include a 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), while I collect the remainder of your fee from the insurance company. Please note, however, that you are ultimately responsible for payment of your costs, not your insurance company, so it is advised that you call the telephone number on the back of your insurance card ahead of your first appointment. **You are responsible for obtaining any authorization your insurance requires prior to treatment.**

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 at least a 24 hour notification, **you, not your insurance company**, will be charged a no-show fee up to the amount of the charge of the missed appointment.

Phone Calls:

There is no charge for phone calls with me if they are less than 10 minutes. For calls over 10 minutes you may be charged at the usual hourly rate.

Fees for Unpaid Bills/Additional Fees:

Bills that remain unpaid for over 90 days are subject to being sent to a collection agency. A charge of \$25 will be added your account for any check you provide that your bank declines to honor.

Signature of Client/Responsible Party

Signature of Provider

Date

Date