Financial Agreement

- I charge \$185 for individual therapy sessions (55 minutes long).
- I charge \$260.00 for the initial one or two individual intake/assessment sessions (90 minutes long) and \$185.00 for subsequent sessions (55 minutes long). I raise my rates by 5% per session every year on January 1st.
- Couples Therapy is billed at \$195 for 55 minute sessions. The correct ICD-10 code for couples therapy is Z63.0 for "Problems in relationship with spouse or partner." This code is rarely covered by insurance. You may call your insurance company to clarify this.
- If you have health insurance, you most likely have coverage for out-patient individual psychotherapy. It is your responsibility to know what your annual deductible and your co-pay or co-insurance is. You can call the phone number on the back of your insurance card to get this information about your plan. I recommend that you do this at the beginning of therapy so that you are fully aware of the cost to you. I do not make these calls for you.
- Payment is due in full at time of service or upon receipt of your monthly statement. You may pay by check or you may use the secure payment portal on my website at www.kathleenelias.com.
- Regardless of what happens with your insurance company, you are solely responsible for your bill. If your insurance company delays payment for reasons beyond my control, you will be asked to pay your balance in full promptly and seek reimbursement directly from them.
- I do not carry client balances from month to month. Clients whose bills are more than 30 days overdue will be charged a 10% late fee on each monthly billing cycle.
- I submit bills to some insurance companies. I am in-network (a preferred provider) for Premera Blue Cross, Medicare, Cigna, Lifewise, and Kaiser Permanente.
- When I am in-network for an insurance company, clients are responsible for any deductible amount that has not been met, and co-pay or co-insurance costs.
- When I am not in-network for an insurance company, clients are responsible for the portion of my fees that are not covered. For example, I might be paid 60% as an out-of-network provider, but clients are responsible for the rest of their bill. I recommend that clients call their insurance companies before beginning therapy to be sure they know what their out-of-pocket expenses will be.

Please sign here to document that you understand this Financial Agreement and take a copy with you. Thank you very much.

Signature

Printed name

Date

alternate scheduling arrangement.

Your appointment is a 55 minute time commitment. You will be required to pay the full fee for the session if you do not give 48 hours cancellation notice on business days: M-F (not including Saturday or Sunday). This fee cannot be billed to insurance. In case of illness or emergency, please notify me to work out an