Teresa Heesacker Counseling

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# Payment Agreement

Current Service Fees
50-minute session……$185.
80-minute session……$295.

Payment is made at the end of each session via cash, check, or I will charge your debit/credit card stored in my electronic health record. I am an out-of-network provider. I provide full-paying clients a superbill after each payment in order to seek reimbursement from their insurance companies or have the fee for service applied to their deductible. The super bill contains all service codes and identification credentials required for reimbursement for covered services from your insurance company.

When considering the costs of paying a provider that is out of your insurance network, it can be helpful to consider 'in network' co-pay amounts, applying payments towards yearly deductibles and using employee flexible spending account funds. With greater freedom to choose your provider and type/length of care, it is often a comparable cost/benefit. Please contact your insurance company to verify any coverage questions.

Your scheduled appointment is a time reserved just for you. If you can not make an appointment, please cancel as early as possible so that I may offer the time to others in need. There is no charge for sessions canceled 24 hours in advance. Cancellations made within the 24 hour window or no-shows will billed at the agreed upon session rate.

Occasionally, you may feel the need to reach out in-between sessions. Phone calls and emails requiring over 10 minutes time will be billed at the agreed upon session rate.

Court appearances, respective travel time to and from and other professional services will be billed at the full session rate.

If you are in need of a reduced payment, please ask if a sliding payment scale, based on client income, is available. I have allocated availability for this. The sliding scale does not apply to court appearances and respective travel time. Please see the sliding scale document for a breakdown of service fees.

By signing below, I agree to the session rate stated above and that I am responsible for paying for services:

_____

Client/ Legal Guardian Name printed  Signature  Date

_____

Card Number  Expiration  Code  Zip code