



Adjusted Psychotherapy Fee Agreement

The fee for each therapy session is _____, and fees are charged after each appointment.

This is an adjusted rate, based on a variety of factors including income, support for and from others, debt, savings plans, expenses, and connection to resources or responsibilities. If your financial circumstances change (insurance benefits, income, housing situation, etc.), please let me know so we can review our fee and adjust it if it has increased or decreased. While the intent is for this agreement to be temporary, it does not have a time limit. We can review our fee agreement every 6-12 months to make adjustments as they arise and address any potential impacts from the fee when possible.

Our agreement includes psychotherapy, and with your consent, may include talking to other providers, completing letters and other documentation, and interactions outside of our scheduled appointments. These services are typically included in our therapy relationship and do not come with an extra charge. However, if frequent interactions occur outside of a session, I may charge additional fees. I will always discuss this with you and agree on the charges before this occurs.

These extra charges may be:		
Letters and written documentation: \$100	Coordinating with other providers at length: \$50	30 minute phone/video calls outside of our session: 50

I have a 48 cancellation policy. If you cancel our appointment less than 48 hours before it is scheduled, you will be charged for the appointment.

Do you have health insurance coverage? This includes private plans like Cigna and programs like Medi-Cal and Tricare.

Yes _____ No _____

If no, would you like assistance with navigating the health insurance system?

Yes _____ No _____

If yes, do you intend to submit claims for these appointments? I can give you a superbill with the information needed to submit to your plan.

Yes _____ No _____

I will provide you with a good faith estimate of our expected fees each year. If you would ever like to receive an additional good faith estimate of the expected charges for our therapy on an individual or yearly basis, you may ask to receive a written estimate and I will provide one within 3 business days. This estimate is available in hard copy, digital, and large-print formats.

A good faith estimate typically includes a DSM (the mental health diagnostic code book) or ICD10 (the physical health diagnostic code book) diagnosis if the diagnosis impacts our fee. Our fees are chosen based on a variety of factors and is not based on diagnosis, if one is given. If diagnosis is relevant to our fees or services, it will be clearly included in our good faith estimate.

I update and increase my fees every 1-2 years by \$5-\$10 dollars. I will inform you when this is happening, and provide you an updated fee agreement after we discuss and agree on our new fee. Our fee agreement will be considered as the increase occurs. This will never exceed my full stated rate, and we can discuss a fee adjustment any time or when a change occurs.

This agreement will be offered every year, and when adjustments occur.