



Adjusted Psychotherapy Fee Agreement

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

This is an adjusted rate, and I offer a range of rates to increase access to therapy. It is based on your yearly income, life circumstances, and connection to resources or responsibilities. If your financial circumstances change (insurance benefits change, job change, housing situation changes, 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 therapy might include other services, with your consent, including 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: \$X	Coordinating with other providers at length: \$X	30 minute phone/video calls outside of our session: X

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. Diagnoses are complex and I often

work by integrating multiple models of understanding your experiences. If we have identified a diagnosis code that we include or work on, it will be included. I list Z71.9, Counseling, if we have not specifically discussed them. We can discuss diagnosis and how it relates to ongoing therapy any time.

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 a written update. I maintain a fee range model that allows us to adjust our fee up or down to support you in setting an accessible fee, and continuing our work if changes occur that impact your ability to pay. This will never exceed my 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.