

David M. Croninger, DMin, LMFT, LADC, CSAT, CMAT

Fees

A. Standard fees for services

- a. Initial Assessment and Evaluation (60 minutes).....\$150.00
- b. Individual, Couple, and Family sessions (45 minutes per session).....\$125.00
- c. Individual Sessions (60 minutes).....\$150.00
- d. Premarital Counseling (PREPARE/ ENRICH)
 - i. Scoring of Assessment Instrument.....\$50.00
- e. Missed sessions or cancellations with less than 24 (M-F) hours notice.....\$75.00
- f. Court reports and/or court related work \$400.00/hr
- f. Returned Checks.....\$50.00**

B. Special Services and Fees

- 1. Occasionally important or emergency phone calls to your therapist are necessary. However, if calls exceed 15 minutes, you will be charged for your therapist's time, rounded off to the nearest 15-minute interval at a rate of \$37.50 per 15 minutes, after the first 15 minutes. The first 15 minutes is no charge.
- 2. Your appointment time is reserved for you. Therefore, it is requested that you notify your therapist 24 hours ahead of time if you need to cancel an appointment. If you fail to do so, your appointment will be considered a "missed appointment." Additionally, if you are late by 15 minutes, then it will be considered a missed appointment and you will need to reschedule to be seen by your therapist. A missed appointment will result in you being charged the agreed and applicable fee, including the contracted fee with your insurance company.
- 3. Additionally, if you arrive to your appointment impaired by drugs or alcohol (as determined by therapist), that session will be cancelled and rescheduled for a future date. This event will be treated as a missed appointment; therefore, you will be charged the agreed and applicable fee, including the contracted fee with your insurance company.

C. Payment, insurance, & self-pay

- 1. Prompt payment is expected on the date of your scheduled appointment prior to start of session. In certain instances, a fee can be modified based on special needs, limited resources and family needs. If you need a fee modification, please speak to your therapist.
- 2. Billing your insurance for coverage requires effort from both the therapist and client(s). Clients are responsible for their co-pay at the beginning of session and for bringing the necessary information about their insurance company and coverage. Your therapist will bill your insurance company for covered services. The client is responsible for any services provided that is not covered by your insurance. (Initial _____)
- 3. Assignment of Benefits: I authorize and request that insurance benefits, workers' compensation, private insurance, and any other health plan and other amount payable on my behalf be paid directly to David M. Croninger, DMin, LMFT, LADC, CSAT, CMAT for services rendered. (initial _____)
- 4. The agreed upon fee for counseling is \$ _____ per session (initial _____)

D. Collections

- 1. If you accrue an outstanding balance, please speak with your therapist to determine a reasonable payment plan.
- 2. In cases where a failure to pay in a timely manner occurs, the services of a collection agency may be utilized. Three attempts will be made to collect overdue charges. In the case where someone still fails to make full payment, information regarding only the patient's identity and debt will be released to a collection agency.
- 3. The losing party will also be responsible for attorney and other legal fees that may be incurred during the collection process. (initial _____)

My signature below signifies my understanding and acceptance of the above information.

Signature _____ Date _____

Signature _____ Date _____

Witness _____ Date _____