

## Financial Policy

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### Schedule of Fees

Service or Fee Description	Fee
Individual, Couples or Family Therapy	\$120 per 50-minute session
Reunification/Reintegration Therapy	\$150 per 50-minute session
Case Management (i.e., phone calls, consultations, meetings)	\$30 per 15-minutes
Crisis Services	\$120 per hour
Court Preparation/Apearances (including travel and wait time)	\$350 per hour (retainer required)
Late Cancellations/Missed Appointments	Full Fee for Session
Returned Checks	\$20 per check
Overdue Payments Fee	5% of total due

### Fees, Billing and Overdue Payments

- 1) My standard charge is **\$120 per 50-minute session** unless we have made arrangements otherwise.
- 2) I accept cash, check, or credit card (Visa, Mastercard, American Express, or Discover). Payment is due at the end of each session. If 2 or more sessions are unpaid, I will plan with you for whole or partial payment before scheduling our next session.
- 3) I require at least **24 hours advanced notice** for cancellations or rescheduling of appointments. Late cancellations or missed appointments will be billed in full per appointment. By signing this document, you consent to your therapist charging the credit card on file for any appointment(s) not canceled with at least 24 hours advanced notice.
- 4) I bill case management in increments of 15 minutes, so any **correspondence (phone, email, etc.), document reviews or consultations over 15 minutes** will be billed at \$30 per 15 minutes. For sliding scale fee clients, the case management fee is billed at your reduced rate, prorated per 15 minutes. Court preparation and appearances are billed at \$350 per hour and require an up-front retainer.
- 5) In my practice, I **do not directly work with insurance** at this time. However, I am happy to provide you with a billing statement that can be submitted to your insurance company for potential reimbursement. Any contact with or submission to your insurance company is your responsibility and I cannot guarantee full or partial reimbursement.
- 6) Upon request, I can provide you with a billing statement by the 5<sup>th</sup> of each month, which will include all of the fees charged and payments received for the previous month. This billing statement may be used as your receipt for insurance and/or tax purposes.
- 7) If you are overdue on your payments, I will assess a fee of 5% on your total balance. If you are delinquent on your balance for more than three months, I will utilize a bill collection agency to collect any unpaid fees.
- 8) A \$20 service charge will be added to all returned checks and must be paid in full at the next session.

### Sliding Scale Fees

I take a limited amount of sliding scale fee clients. If you receive a discount for services, this will be reflected in your billing statement. Out of courtesy, I ask that all sliding scale clients are particularly careful to pay their fees in a timely fashion and are sure to regularly attend all of their sessions.

### Agreement

**I have read and understand this financial policy and agree to the above stated fees and procedures. I am responsible for the amount of \$\_\_\_\_\_ per session and agree to pay this amount in a timely manner.**

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature (if necessary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date