

Fee Schedule & Payment Contract (updated 2024)

Conscious Intention Therapy, LLC

info@mycitherapy.com

Fee Schedule

This fee schedule is effective as of November 1, 2024. You, the client, will be made aware of any changes to this fee schedule via email/client portal. A separate document will be sent to you, the client, to sign.

The below fee schedule reflects the cost of services. If you, the client, are utilizing an insurance provider that Conscious Intention Therapy, LLC., is in-network with, the rate that you, the client, are charged will be determined by the specific insurance plan that you, the client, have. Copays and deductibles are determined by the insurance provider, not Conscious Intention Therapy, LLC.

If you, the client, have an insurance provider that Conscious Intention Therapy, LLC is not in-network with, you, the client are responsible for the full rates detailed below. You will be provided a superbill to submit to your, the client's, insurance provider for reimbursement.

Initial Intake Session (60 minutes) \$175.00

The intake session consists of gathering information about your current symptoms, background information, and family history. Treatment goals are collaboratively established.

Individual Psychotherapy Session (55-60 minutes) \$150.00

Therapy sessions are 60 minutes in duration. Sessions can be scheduled on a weekly or biweekly basis.

Teletherapy Online Video Sessions (55-60 minutes) \$150.00

Online video sessions are available on a HIPAA-compliant platform and can be accessed on your smartphone, tablet, or computer.

Individual Psychotherapy Session (45 minutes) \$125.00

Therapy sessions are 45 minutes in duration. Sessions can be scheduled on a weekly or biweekly basis

Individual Psychotherapy Session (30 minutes) \$100.00

Therapy sessions are 30 minutes in duration. Sessions can be scheduled on a weekly or biweekly basis

Group Psychotherapy (50 minutes) \$50.00 per attendance

Please note that insurance sets limits for what types of groups are covered and this may result in you, the client being fully responsible for the cost of a group.

Form Completion (more than 2 forms) \$50.00

Any form of 2 or more pages will be assessed a fee. This includes but is not limited to court documents, disability paperwork, FMLA paperwork, and ADA forms. Please note, we do not fill out these forms for clients seen less than 6 sessions. We do not write letters for emotional support animals. Therapists are not always the appropriate provider to complete a requested form. Form completion will be determined on a case-by-case basis and with consideration of the therapist's professional scope of practice and comfort level with the request.

Late Cancellation Fee \$75.00

The cancellation policy requires a 24-hour notice. Any appointments canceled with less than 24-hour notice will be assessed a fee. If you are not able to make your scheduled appointment, please contact your therapist via email at info@mycitherapy.com.

No-Show Fee \$100-\$150

Failure to attend a scheduled in-person or virtual appointment with no prior communication of absence will result in the charge of the full cost of the scheduled appointment. No-show fees are charged according to the cost of the scheduled session. For example, failure to provide notice of absence for a 55-60-minute session will result in a charge of \$150.00. Failure to provide notice of absence for a scheduled 30-minute session will result in a charge of \$100.00.

Payment Contract

I will speak with my provider if I experience financial difficulty or wish to explore other possible fee options.

I, *__, *(electronic signature satisfies this field) **understand and agree to pay the amount of money by credit card or debit card for each therapy session. My credit card information will be securely stored on the

Headway client portal and will be used to bill for sessions/fees. I acknowledge that maintaining appointments requires me to provide a payment card on file. Failure to do so will result in suspension or termination of appointments until a valid form of payment is provided. If your card expires or you need to update the method of payment, you will be sent an electronic credit card form to complete.

All sessions are by appointment only, and I am responsible for canceling a scheduled appointment at least 24 hours in advance, by calling my provider or emailing my therapist at christina.gunner@mycitherapy.com or info@mycitherapy.com.

If I do not arrive at my scheduled virtual appointment, I understand that I will be charged the full session rate of \$150.00. If I cancel my appointment less than 24 hours in advance, I understand that I will be charged a \$75.00 fee. If I arrive late for my session or leave early, I am responsible for the full payment for that session.

If I miss two payments, I understand that I must pay my balance in full or create a payment plan before my next session.

I _____ (electronic signature satisfies this field) understand that if I am opting out of utilizing my insurance provider that Conscious Intention Therapy, LLC. is in-network with, because I prefer to keep my therapy records private, I will not be able to submit superbills for reimbursement by insurance. I understand that I am responsible for the full rates detailed above. Superbills are provided to individuals who do NOT have an insurance provider that Conscious Intention Therapy, LLC. is in-network.

My signature below indicates that I understand and agree to the terms of this contract and the fees listed in the above fee schedule.

Signature _____ (electronic signature satisfies this field)

Printed Name _____ (electronic signature satisfies this field)

Date _____ (electronic signature satisfies this field)