Fee Policy

The billing rate for psychotherapy is $195 per 50-minute hour (unless otherwise arranged). Sessions may be continued beyond the 50-minute hour (at the same hourly rate billed in approximately 12.5 minute increments) at the request of the patient and the discretion and availability of the therapist. Telephone calls over 5 minutes in length will be billed at the same rate (in 12.5 minute increments).

Payment is currently being accepted in the form of credit card. By signing this agreement, you are waiving your confidentiality regarding the processing of the payment and sending of the receipt by the credit card processing company. An administrative fee may be added to the amount charged.

Insurance is for the purpose of reimbursing the client. Your insurance may or may not reimburse the expenses of your psychotherapy with me. It is my policy that you pay at the end of each session and then submit your bill to insurance for them to reimburse you directly, if they do reimburse at all.

Missed appointments are charged at the same rate of $195 per session if there is less than 24 business hours (take into account that my work week is Tuesday – Thursday; for a Tuesday session, notice would need to be given on the Thursday prior) prior notice given. The time for your appointment is reserved for you and cannot be used for other purposes without sufficient notice. If you are late for an appointment, the session will still end at the regular time, and you will be charged for the full session (since this is time identified and set aside for you at your request).

Charges for services, such as hospital visits, consultations with other therapists or care providers or home visits will be based on the time involved in providing the service at my regular fee schedule. Any court-related services (such as report writing, consultation with lawyers, depositions or attendance at courtroom proceedings) will be billed at my forensic rate of $500 per hour.

If you have an unpaid balance and do not complete payment on the unpaid balance of your account within a reasonable period of time (i.e. 30 days) and have not arranged a payment plan with me, please be aware that the account may be referred to a professional collection agency. That agency may require that I release identifying information such as your name, address and dates of service. By signing this form, you agree to waive confidentiality as to the collection and signing this form specifically authorizes me to release your information to the collection agency.

I have read and understand the fee policies described above and understand that they will govern my fee agreement with Sharon Kocina. I hereby agree to uphold the terms described above.

_____ _____

Client's signature Date Client's signature Date

Updated 6/25