

Serenity Coaching and Counseling LLC

www.SerenityMA.com

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Self- Pay Fee Agreement and Financial Policy

Thank you for choosing Serenity! Please review this Fee Agreement and Financial Policy (the "Agreement and Policy"), which describes our schedule of fees for services, charges not covered by insurance, and additional fees. If you have any questions, please ask your provider prior to signing this Agreement and Policy.

Our service rates and corresponding health insurance billing codes below reflects the most common service and charge rates provided by our staff. Each provider maintains their own individual sliding fee rates and will let you know upfront those costs. Additional code/costs may be used by your provider as deemed appropriate.

- **90791 Initial Consultation – Individual (50-60 min.) \$150**
- **90837 Individual Therapy (50-60 min.) \$120**
- **90834 Brief Individual Therapy (45 min.) \$90**
- **90832 Brief Individual Therapy (30 min.) \$50**
- **90847 Couples/Family Therapy* (60 min.) \$150**

Six months of Services (Wkly/BiWkly)

- 90837 Individual Therapy (50-60 min.) = \$2,880 / \$1,440
- 90834 Brief Individual Therapy (45 min.) = \$2,160 / \$1,080
- 90832 Brief Individual Therapy (30 min.) = \$1,200 / \$600
- 90847 Couple /Family Therapy (60 min.) = \$3,600 / \$1,800

One (1) Year of Services (Wkly/Biweekly)

- 90837 Individual Therapy (50-60 min.) = \$5,760 / \$2,880
- 90834 Brief Individual Therapy (45 min.) = \$4,320 / \$2,160
- 90832 Brief Individual Therapy (30 min.) = \$2,400 / \$1,200
- 90847 Couples/Family Therapy (60 min.) = \$7,200 / \$3,600

ADDITIONAL FEES

- Late cancelations/Missed Appointment – fewer than 24 hrs. prior to appointment \$25.00
- Non-sufficient funds (bounced) check \$25.00
- Past-due accounts – over 30 days \$25.00 per month

PAYMENT

You will be expected to pay for each session in full at the time of services provided under the *Outpatient Services Agreement*, which will be given to you along with this Agreement and Policy and our *Notice of Privacy Practices*. Accepted methods of payment are cash, check, or credit cards. Checks should be made payable to *Serenity Coaching and Counseling*.

Patient name (printed): _____ Date: _____

Patient /Guardian signature: _____