**Private Practice of Kathleen M. Michaud, PhD**

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**AGREEMENT**

**This agreement contains important information regarding professional fees. Please read this section carefully so that you are well informed about the services you are receiving.**

**PROFESSIONAL FEES and PAYMENT**

All copayments are due at the beginning of each session. Please know, before your first appointment, the amount of your copay, and any deductible you may owe.

If you are paying out-of-pocket, you will be expected to pay for each session at the time it is held. My hourly fee is $150.00, with the exception of your initial intake session, which is billed at $300. In circumstances of financial hardship, I may be willing to negotiate a fee adjustment. In this situation, you will be asked to provide verification of your income. Payments can be made by cash, check, or credit card.

I charge my regular amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services may include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

**\***In the rare occurrence that payment for services is not received, the standard practice is to use legal means to secure the payment. This involves hiring a **collection agency** or going through small claims court. In most collection situations, the only information released regarding a patient’s treatment is her/his name, the nature of services provided, and the amount due. **I will ask to make a copy of a credit card to cover fees in the event of non-payment or missed appointments without 24 hours notice.**

**Please initial indicating your understanding and agreement after reading each of the following:**

\_\_\_\_\_ **Scheduled appointments *must* be cancelled one business day/24 hours in**

**advance. Otherwise, you will be billed a $75 no show or late cancel fee, which is not covered by your insurance.** If you are able to reschedule within the same week, you will not be charged a late cancel or no-show fee.

\_\_\_\_\_ Should we agree verbally that you will have a regularly scheduled appointment, the

above policy applies to all sessions, unless you have informed in advance, your wish to change, cancel, or alter your agreement.

\_\_\_\_\_ If you have agreed to a weekly or bi-weekly appointment time, you will be

responsible for future appointments at that time unless you have communicated at least 24 hours in advance your intent to discontinue your scheduled times.

\_\_\_\_\_ Payment for self-pay, deductibles, and copays must be made at the

beginning of each session by cash, check, or charge. If a check is returned due to lack of funds, a fee of $25.00 will be charged, as well as the balance of any fee accrued to my business account over $25.00.

\_\_\_\_\_ I will ask to make a copy of a credit card (*not* debit) to cover fees in the event of

non-payment, or missed appointments without 24 hours notice. The image of your credit card will be shredded once insurance has remitted all claims, and all outstanding payments are made.

\_\_\_\_\_ **Please** ask any and all questions regarding anything you have read in this Agreement

or in the Informed Consent. Thank you!!