

# Financial Agreement and Good Faith Estimate

**Megan Carlson, MA, LPC, Ltd**

484.402.6673

License Number PC006425

NPI 1245581313

Tax ID/EIN 82-3452452

## **PROFESSIONAL FEES**

The standard fee for a 45-50 minute office visit is \$150. However, I do work on a sliding scale where full-paying clients allow me to see clients who cannot pay as much. I do not accept any insurance but can provide you with a receipt to submit to your insurance for reimbursement **if** you have out of network benefits. It is your responsibility to find out this information and submit claims. Evening or weekend appointments will incur an additional cost. There is an additional fee for mobile therapy which depends on the distance I have to travel. All rates will be decided on at the beginning of the therapeutic relationship. You are responsible for paying at the time of your session unless prior arrangements have been made. Any checks returned for insufficient funds are subject to an additional fee of \$25.00 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, disability paperwork, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

## **CANCELLATIONS**

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect a \$50 no show fee. This fee may be waived if it is due to circumstances outside of your control, but WILL NOT be waived for any reason if I am meeting you at your house or in the community and you do not give me at least 2 hours notice. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for starting your session on time; if you are late, your appointment will still need to end on time.

## **NO SURPRISE ACT**

As per the No Surprises Act that went into effect January 1, 2022 I am required to provide for you a "GOOD FAITH TOTAL ESTIMATE" of services. I can't really predict how long a therapy phase will take but I typically see clients for 10-15 sessions for more single incident events. However, some clients may present with more complex issues that may require at least 50 sessions during the course of a year. The cost for each hour session is \$150 unless another amount has been agreed upon. 50 sessions at \$150 is \$7,500. I will collaborate with you throughout your treatment to determine how many sessions and/or services you may need to receive the greatest benefit based on your diagnosis(es)/presenting clinical concerns. You can speak directly with me at any

time to initiate a dispute process if you believe you have been mischarged. This process will not affect the quality of services for you. This estimate is not a contract and you do not have to follow through with services with me. Your signature below indicates that you have read this agreement and agree to its terms.

**Client Signature:** \_\_\_\_\_

**Client's Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **CARD ON FILE**

If you would like to place a card on file through Square please complete the following section:

**Card will be charged after every session and in the event of a cancellation fee unless otherwise specified.**

#### **Card Information:**

☐ I will give you the card information verbally but still consent to my card being charged for services.

☐ Here is the card that I want on file to be used for my sessions:

☐ Visa    ☐ MasterCard    ☐ Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV (security code): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

By signing below I authorize the use of this card or the card I give verbally to be kept on file and used for my services or cancellation fees:

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_