

**Julie Visnich, LCSW LAC
1053 Main Ave #109A
Durango, CO 81303
970-769-8397**

Financial Policy and Fee Structure

- ❖ Payment is due at time of service unless otherwise agreed upon.
- ❖ Checks, cash, and credit cards are accepted.
- ❖ For balances outstanding I reserve the right to turn the collection over to a collection agency.
- ❖ You will be responsible for payment of legal and collection fees should such services become necessary.

Fees

\$100 per one hour session for individual, couples, or families
\$25 per each 15 minutes past the hour, rounded to the nearest quarter hour

Cancellation Policy/Missed Appointments

Please provide 24 hour notice if you are unable to attend a session. If you do provide notice I will gladly waive my fee. If you do miss a session without 24 hours notice you will be expected to pay for that session. An emergency situation is of course understood.

Insurance

It is the **client's responsibility** to pay for services at the time of delivery. The client is responsible for billing their insurance company for reimbursement. The client is also responsible for obtaining required information needed by their insurance company.

It is **my responsibility** to provide your insurance with the initial information they need to approve your sessions. *Please Note: In providing the insurance company the information needed to reimburse you, a diagnosis is required.*

You will receive a bill each time you attend a session that you may submit to your insurance company for reimbursement.

I have been informed of my therapist's financial policy and understand my responsibilities around payment, cancellation, and insurance.

Client Signature

Date

Therapist Signature

Date