Financial Agreement & Responsibility Form

Practice Name: Bergner Behavioral Medicine
Provider Name: Dr. Jessica Bergner
Phone: 975-202-8080

1. Professional Fees

Therapy Fees

- My standard fee for a therapy session is $150.
- Rates may be prorated based on a sliding scale fee. Proof of household income is required to apply for services with a sliding scale fee.
  - Sliding scale fees (application required)
    - <$59,999 household income: $100 session fee
    - $60,000 – $79,999 household income: $120 session fee
    - $80,000 - $99,999 household income: $135 session fee
    - $100,000+ household income: $150 (standard fee)

Assessment Fees

- My standard fee for a presurgical evaluation session is $500. Sessions are typically 150 minutes.
- My standard fee for a psychological diagnostic evaluation session is $1500. Sessions are typically 3 to 6 hours depending on the complexity of your needs.
- Fees and charges include the administration, scoring, interpretation, and report writing of the assessment. There may also be charges for required reading of records, consultations with other health professionals, and any other activities to support these services. See additional services section of this form.

Fees are subject to periodic review. Clients will be notified in advance of fee changes.

2. Payment Policy

- Payment is **due at the time of service** unless prior arrangements have been made.
- A valid credit/debit/HSA card may be kept on file for billing.
- If you elect to keep a card on file, you authorize this practice to charge your card for:
  - Session fees
  - Late cancellation or no-show fees
  - Outstanding balances over 30 days
- If you do not keep a card on file, you will receive a paperless bill, due immediately.

Initials: _____

3. Insurance & Reimbursement

If using Out-of-Network benefits:

- Payment is due at time of service.
- A superbill can be provided for you to submit to your insurance for possible reimbursement.
- Reimbursement is not guaranteed.

Initials: _____

4. Missed Appointments & Late Cancellation

- Insurance does not cover/reimburse missed appointments.
- Emergencies and illness will be considered at clinician discretion.
- There will be a $50 fee for no-showing a therapy session or intake appointment.
- There will be a $25 fee for late cancelation of a therapy session or intake appointment (i.e. if cancelled within 24 hours of the appointment, but before the appointment time).
- No show and late cancelation fees will not be prorated for sliding scale participants.
- There will be a $250 fee for no-showing an assessment appointment.
- There will be a $75 fee for late cancelation of an assessment appointment (i.e. if cancelled within 48 hours of the appointment, but before the appointment time)

Initials: _____

5. Outstanding Balances

- Accounts over **30 days past due** may result in:
  - Temporary suspension of services
  - Referral to collections
- You are responsible for all costs of collection, including legal fees if applicable.

Initials: _____

6. Returned Payments

A $30 fee will be charged for returned checks or declined payments.

7. Good Faith Estimate

Under federal law, you have the right to receive a **Good Faith Estimate** of expected charges for services. You may request this estimate at any time.

8. Telehealth Services

You are responsible for:

- Ensuring a private location
- Reliable internet connection

10. Communication & Non-Session Services

- Additional services, including the list below, will be billed at the following rates per hour.

    - Telephone conversations at your request: $200
    - Attendance at meetings with other professionals per your request: $200
    - Time spent performing any other service you may request of me and to which I agree: $200
- Tasks under one hour will be pro-rated (meaning the cost will be calculated proportionally to the time spent on the task and not the full hourly rate).

Legal Matters:

- You are responsible for my professional time if legal matters require my participation, even if I am subpoenaed.
- My fee for legal preparation and attendance at proceedings is $200 per hour.

11. Agreement & Authorization

I understand and agree to the financial policies described above. I accept full financial responsibility for services provided.

I authorize this practice to charge my card on file for fees and balances as outlined.

Client Signature: _____ Date: _____

Provider Signature: _____ Date: _____