

Steve Bisson

LMHC

www.stevebissonlmhc.com

Payments & Procedures

Fees:

Initial Diagnostic Assessment: Sliding scale from \$180 to \$80

Individual Psychotherapy (45 to 60 min): Sliding scale from \$80 to \$50

Couples/Family Therapy: \$60

Armed Forces (active or former), First Responders, Lawyers: At least \$15 rebate for any of the above services

Payment:

Payment is required in full at the time of the session unless other arrangements have been arranged and agreed upon by both parties. Co-pays are also due at the time of the session if I am covered by your insurance provider. If fees accumulate over more than one session, additional sessions will not be held until the balance is paid. Acceptable forms of payment are cash or personal check. **Checks should be made out to: Steve Bisson, LMHC.** Payments can also be made through Paypal using credit cards or a Paypal account. In addition, all major credit cards are accepted by Therapy Appointment.

If you are intending to request reimbursement from your insurance company for my services as an “out-of-network provider”, I will provide you with an Insurance Reimbursement Request Form (IRRF). In this event, payment is still required in full at the time of the session and your insurance company will reimburse you directly. There is no guarantee, however, that you will receive this reimbursement as each company makes these determinations on a case by case basis. Signing this form acknowledges your understanding that you are ultimately responsible for payment and it is your responsibility to communicate with your insurance company regarding reimbursement.

Cancellations:

You are expected to appear for all scheduled appointments. I require a minimum of six (6) hours notice to cancel an appointment. Exceptions will be made in emergency situations. A \$20 fee will be charged for any no shows or cancellations for which proper notice is not given. Payment will be expected by the start of the next session. *Note: Insurance companies and HMO's do not reimburse for missed sessions. You are personally responsible for paying these fees.*

I hereby acknowledge that I have read and accept the above fees and conditions.

Client Signature

Date