

FEE AGREEMENT
Tammy Powell, PCC, LLC

This fee agreement dated below is between: _____ (Responsible Party) and Tammy Powell, PCC, LLC (Service Provider). The Responsible Party will be referred to as RP and the Service Provider will be referred to as SP throughout the rest of this agreement.

Term of Agreement: The term of this agreement will begin on the date of the first service, and will remain in full force and effect until completion of services.

Compensation: Service Fees: Initial Assessment \$100.00; Therapy Session (45-50 minutes) \$80.00; Therapy Session (75-80 minutes) \$120.00; Group Therapy \$40.00.

Co-payments are due at the beginning of each session. A \$5.00 service charge is added to the account for each session where the co-pay is not paid at the time of service. Denied insurance claims are due 10 days after the date on the client bill.

Ancillary Services: The SP will be reimbursed for the following expenses incurred in connection with providing services: Phone calls are \$20.00 per 15 minutes (note: phone sessions may or may not be covered by your insurance); Court appearances or consultations with 3rd parties are \$80.00 per hour (hourly billing will begin at the time SP leaves the office, and mileage will be charged at the federal reimbursement rate for over 25 miles from SP's starting point); paperwork completed outside of session, including written reports, is \$20.00 per 15 minutes; returned checks are \$30.00 per occurrence. Please note that ancillary services may or may not be covered by your insurance

Late Penalties: The following penalties will be imposed on the RP for failing to pay the SP in timely fashion: A service fee of \$5.00 per month will be charged for unpaid charges over 30 days old. RP will be referred to collections for unpaid charges over 90 days old.

No Show/Late Cancellation Penalties: The appointment time is reserved for the client only; therefore a charge will be imposed if the client fails to show for a scheduled appointment or does not cancel 24 hours in advance. Late cancellations for emergencies can be discussed with SP. The no show/late cancellation charge is \$40.00.

Confidentiality: The SP may disclose the minimum necessary confidential information for reimbursement: To a 3rd party insurance provider where the Client or RP presents an insurance card/company as a reimbursement source. In the event Client or RP accounts have gone unpaid for 90 days, the SP may release a copy of this agreement, Client or RP contact information, and a copy of any billing sent to the client to a 3rd party collection service. No other confidential information will be released. RP is responsible for all collection of fees, including attorney fees and court costs.

Modification of Agreement: Any amendment or modification of this agreement or additional obligation assumed by either party in connection with this agreement will be binding only if evidenced in writing and signed by each party or an authorized representative of each party.

I acknowledge that I am responsible for payment of services in full. If I choose to use a 3rd party, such as an insurance carrier, for reimbursement services, I acknowledge that I am responsible for payment of services in full, even if the 3rd party does not reimburse for the services provided.

My signature below represents that I have read, fully understand, and agree to the terms set forth in this agreement:

Signature of Responsible Party

Date

Signature of Service Provider

Date