

Stephanie Pearce, MSW, LCSW  
PA State License: CW018207  
2334 Rt. 209  
Brodheadsville, PA 18322  
908-300-1163

Dear Client:

Stephanie Pearce Therapy is non-discriminatory, comprehensive, counseling practice. I will do my utmost to be helpful to you. At the same time, I ask for your cooperation in the following matters:

### **Appointments**

Professional time is extremely valuable. Remember, **your appointment is time reserved exclusively for you**. When I reserve an appointment for you which you do not use, it is a slot that could be used to serve another client. If you need to cancel an appointment, please try to do so at **least 24 hours in advance**. Should you fail to cancel one day in advance, it is not usually possible for me to make productive use of that time; and therefore, **you will be charged your full session fee for the missed appointment**. Exceptions can be discussed with Stephanie Pearce.

- Check here if you would like to receive a telephonic appointment reminder and it is okay to leave a voice mail message.

### **Fees**

The established fee for individual & family therapy is **\$125.00 per 45-minute session**. This fee will be billed to you or your insurance provider. However, if I am not an accepted provider for your insurance plan and your insurance carrier will not authorize out of network coverage, I offer negotiable payment options. Please check all that apply:

- Your insurance carrier has authorized sessions for you. You are responsible for any copayment required by your insurance carrier.
- If financially able, you pay bill in full. You may apply for whatever reimbursement your major medical insurance policy provides, assuming you have and wish to use such coverage.
- If you have no insurance coverage or I am not a covered provider, you make a partial direct payment based on your ability to pay.

### **Insurance**

If you have any questions as to whether your major medical insurance applies, please call the customer service number on your insurance card to verify mental health coverage. If you would like me to contact your insurance company directly, you must sign a release of information authorizing this contact.

Conclusion

Should you have questions about any of the above matters, please feel free to discuss them with me. Your cooperation in these administrative matters is appreciated.

Thank you for your attention and consideration.

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I understand and agree to the conditions set forth above. In accordance with this policy, I have undertaken to pay \$\_\_\_\_\_ per session. This fee is payable at the beginning of each session. If there is any change in my income or any reason I am unable to pay for a session, I will discuss it with Stephanie Pearce Therapy.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature