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Financial Agreement Form

I understand that I am responsible for payment in full at the beginning of each session. If I am the legal guardian of a minor child I understand, I am the financial guarantor of my child's account. By signing below, I agree to the below fee schedule and understand payment (cash, Visa, MasterCard, or Discover) is due in full (including copays) at the beginning of each counseling session. I understand that Achieve Family Therapy is an out-of-network facility with the exception of Regence Blue Cross Blue Shield customers. Claims are directly billed for Regence Blue Cross Blue Shield clients. If you are using your insurance, you are responsible to confirm that I am on your network, what your deductible is and what your copay will be per session. As an out-of-network client, I acknowledge that I am responsible for contacting my insurance, paying deductibles and requesting from my therapist a copy of paid invoices to submit to my insurance company. My insurance company will then reimburse me directly for the covered portion. I understand that it may take 24-72 hours for this request to be granted. I understand submitting to insurance company requires a diagnosis to be made and that some diagnoses are not covered by insurance. Also, that insurance companies place time restrictions on sessions and that sessions longer than 60 minutes are not typically covered. I also understand that I will not be reimbursed the full amount by my insurance company as out-of-network benefits only cover a portion of the fee. I also understand that I may not have out-of-network benefits available on my insurance.

Important Policies:

- I accept for payment all major credit cards, cash, bank cards and most Health Saving Accounts.
- If you must reschedule or cancel an appointment, **24-hours notice is required**. This is because the time slot is reserved for you and time is spent preparing for your session. **Cancellations without 24-hours notice will be charged \$75.** I understand there are times when unforeseen emergencies arise and these will be determined case by case. Hospitalizations and deaths in the immediate family are not billed. Bishops or insurance companies do not cover cancellation fees. This will be your responsibility.
- It is your responsibility to contact the therapist and let them know if you are unable to make your appointment and why. A credit card number is required to hold on file. This card will be charged by the end of the working day the cancellation fee. Prior to the charge, an attempt will be made to notify you. This information is stored in a secure location. You do not have to use this card as payment for sessions and can use any form of payment you prefer.
- Payment is expected **at the beginning of each session. No late payments will be accepted.**
- You are welcome to come late to your session and use the remaining time available yet the session will need to end at the scheduled appointment time. You will be charged the full

amount for the appointment excluding emergencies that will be determined on a case to case basis. If you are more than 15 minutes late for your session it will be considered a missed session and you will be charged the full session fee. It is expected that you will call and notify your therapist if you are running late.

- If you need to speak with me between sessions, I will respond as promptly as possible. I may be unavailable due to being in sessions but will respond within 24-48 hours. Unless, you have signed an agreement to participate in phone therapy and have reviewed the risks, phone calls are not intended for therapy. Please address your questions and concerns in your next session. Phone calls lasting longer than 10 minutes will be charged a pro-rated fee of \$10 per additional minute. (I may phone parents with an update. The first 10 minutes are free. If the call continues past this point then on minute 11= \$110, 12 minutes = \$120).
- Time spent completing requests for additional documentation/paperwork outside of the standard amount will be charged \$65 per 15 minutes.
- In the event that a client has three no show/cancellations in a row the therapist will begin the termination process. At this point, the client will not be permitted to schedule future appointments. However, if the client still desires to have services then the client may call the morning of and schedule a same day appointment if one is available.
- Failure to pay for services will lead to termination of treatment until the full balance is paid. Clients working with Ecclesiastical leaders are required to submit their bill to their leader. A balance of over \$800 will require the bill to be paid before treatment can progress. Also, I may turn over delinquent accounts to a collection agency, and you may be responsible for collection and attorney fees. Every effort to contact you will be made prior to taking any action.
- You will be provided 30 days notice of any policy changes, including fee increases.
- You understand that you are responsible for the fees and cancellation fees as outlined above. In the event that your ecclesiastical leader or insurance do not pay, you are taking full responsibility for the bill.

Fees

Code	Services	Licensed Professional	Associate/Bishop Pay
90791	Intake Session (60 Minutes)	\$185	\$160
90834	Individual/Family Therapy 45 Minutes	\$125	\$100
90837	Individual/Family Therapy/Couples 60 Minutes	\$165	\$140
	Couple Session 75 Minutes	\$208	\$183
90853	Group Session	\$45	\$45
90839	Crisis Session 60 Minutes	\$175	\$150
Neurofeedback	45 Minute Session	\$100 or (10 Pack for \$650)*	\$100 or (10 Pack for \$650)*

Jennifer Solosko, MA, LMFT, CEFT

11075 State Street, Building 3, Suite 102

Sandy, Utah 84070

Self-Care Pack	Ten (45 Minute Sessions)	\$850*	\$750*
Self-Care + Therapy	20 (45 Minute Sessions) 2x week	\$1800*	\$1550*
Class	Hold Me Tight Class	\$50 per couple per session	\$50 per couple per session

* All packages are prepaid and non-refundable.

** There is no sliding scale available. A few scholarship spots are available providing a slight reduction in fees based on availability and need. These are provided on a first come first serve basis and a client may request to be placed on a wait list for the next available spot. There is no guarantee that a spot will come available.

CREDIT CARD AUTHORIZATION

I understand Achieve Family Therapy follows the Payment Card Industry Data Security Standard (PCI DSS) set of requirements designed to ensure that all companies that process, store, or transmit credit card information maintain a secure environment for financial data.

Credit card number _____ Exp: _____

CCV code: _____ Name on card: _____

Zip Code (if different from prior listed): _____

I understand that if I fail to make payments owed for attended sessions, if I do not attend a scheduled session, or if I cancel a session less than 24 hours from the start time of the session, and do not make the required payment(s) within 1 business days, Achieve Family Therapy, PLLC has my permission to charge the card listed above according to the Cancellation Policy/No-Show Policy. I understand that if I am having difficulty paying I can speak with my therapist about alternative arrangements.

By signing this financial agreement form, I acknowledge that I have read, fully understand, and agree to the policies and terms contained herein.

Client Signature

Date

Jennifer Solosko, MA, LMFT, CEFT

Date