

# MARCY MEVORACH, LCSW, LASAC

Licensed Clinical Social Worker and Licensed Associate Substance Abuse Counselor  
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## Financial Agreement

### Billing and Payments

If you have health insurance, it is important to understand your insurance coverage for behavioral health services. If I am a provider in your insurance network, the claim will be sent directly to the insurance company. By signing this form you acknowledge and agree for this provider to submit claims directly to your insurance company. It is important to know your exact coverage including any deductible amount and if you have met that amount, if you have a co-payment or co-insurance, if an authorization or referral for services is required and to coordinate with your insurance company to secure that authorization or referral prior to your initial assessment. If you have not met your deductible or do not have insurance, then you will be responsible for the full payment of my services per my fee schedule listed below. If your insurance company only covers a portion of services you are responsible for any remaining balances on your account.

You also may want to inquire if you are eligible for Employee Assistance Program (EAP) benefits that are a limited number of sessions paid by your employer. For further explanation of this benefit please refer to your Human Resource Department or call your insurance company directly. I will provide you with whatever information I can based upon my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the insurance company on your behalf during session.

### Payment

You will be expected to pay for each session at the time of service, unless we agree otherwise or unless you have insurance coverage which requires another arrangement.

Payment schedules for services are listed below:

#### **Fees Schedule \*\***

Initial Intake & Assessment – 60 minutes	\$200.00
Initial Intake & Assessment – 90 minutes	\$300.00
Individual Therapy – 60 minutes	\$160.00
Individual Therapy – 90 minutes	\$240.00
Family/Couples Therapy – 60 minutes	\$160.00
Family/Couples Therapy – 90 minutes	\$240.00
Skype or Phone Call – 60 minutes	\$120.00
Missed appointments/ Late cancellations	\$100.00
Returned check fee for insufficient funds	\$50.00
Using a credit card will incur a processing fee	\$5.00

\*\*In circumstances of unusual financial hardship, I am willing to negotiate a fee adjustment.

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**Collection Policy**

If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, all costs will be included in the claim. In most collection situations, the only information I release regarding the client's treatment is his/her name, the nature of services provided, and the amount that is due. The client hereby agrees to hold Marcy Mevorach, LSCW, LLC harmless for any breach of confidentiality made necessary by collection procedures.

**Professional Fees**

Any services outside the psychotherapy session including report writing, preparation of records or treatment summaries, photocopying, mailing documents, extended telephone conversations &/or extended texting, or email exchange that exceed 10 minutes, and/or time spent performing any other service you may request of me, you will be billed at my hourly rate. I will break down the hourly cost if I work for less than one hour that is billed in 15 minutes increments.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party, and you will be asked to pay a retainer. Due to the difficulty of legal involvement, I charge \$250.00 per hour for all professional time including document review, email exchange, telephone conversations, report writing, transportation costs and testimony/deposition costs if I am called to testify on your behalf.

If you are a new client and need an evaluation or specific paperwork for claims involving Short Term Disability, Long Term Disability, FMLA, Social Security, or Workman's Compensation, unfortunately, I do not participate in these services. If these services arise while you are already a client, of course I will complete any necessary paperwork to support your claim. These services are billed at my hourly rate although I will break down the hourly cost if I work for less than one hour that is billed in 15 minutes increments.

**Missed Appointments, Late Cancellations or Lateness for Session**

Once an appointment is scheduled, you will be expected to participate in the session. I require a 24 hour advance notice for any cancellations excluding weekends and holidays or unless we agree that you were unable to attend due to circumstances beyond your control. If you do not provide a 24 hour notice then you will be charged for it at my hourly rate listed above. Late cancellations are considered less than 24 hour notice and make it difficult to offer the appointment time to someone else. Please note that your insurance company will not pay for missed sessions.

It is my policy that once we make an appointment, I am committed to be exclusively available to you at that time and I expect for you to do the same. It is my policy that if you miss the appointment, do not cancel before 24 hours or are more than 15 minutes late and do not call to advise me, than it will be considered a missed appointment. I will not be held responsible to be available for the appointment after that time. You will be asked to remit the missed appointment or late cancellation fee before we can schedule another appointment. Under any of these situations, I will always try my best to find another time to reschedule the appointment as quickly as possible.

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**Debit or Credit Card Policy**

It is my policy is to keep a debit or credit card on file. This will be used in case you do not contact me within 24 hours of a missed appointment or a late cancellation (which you will be informed of at that time). By signing this agreemnt, you agree that if you do not contact me within 24 hours of a missed appointment and you did not have an emergency or have circumstances beyong your control, the card on file will be charged as per the fee schedule above. This form will be shredded and NOT remain in your file after discharge from services.

**Signature for Financial Agreement**

Your signature below indicates that you have read and understand this Financial Agreement and agree to its terms.

Client's Name: \_\_\_\_\_

Clients Signature: \_\_\_\_\_ Date: \_\_\_\_\_