



STATEMENT OF FEE POLICY AND FINANCIAL AGREEMENT

Each client has a choice between utilizing insurance benefits or private pay option for counseling sessions.

PRIVATE PAY: Laurie LeGrand MSW, LISW-CP, LCSW offers a sliding scale fee based on yearly salary; please see chart to the right for explanation of provider's fees. Clients that have outstanding balances for longer than 30 days will not be permitted to schedule further appointments until these balances are paid. Balances remaining after 60 days following reasonable efforts to collect will be turned over to a collections agency unless arrangements are made with your provider to pay the balance.

I understand the following chart regarding use of the sliding fee scale. Clients who would like their fee based on the sliding scale must show proof of income including paystubs, bank statements or W2s:

Annual Income	Session Fee
\$0-\$45,000	\$60
\$46,000-\$60,000	\$75
\$61,000-\$75,000	\$100
\$76,000 or more	\$125
Intake Sessions:	\$15 more than session fee for Intake

PAYING WITH INSURANCE: If I chose to utilize insurance benefits for the cost of counseling or another service, the provider will attempt to verify my insurance benefits, however, any information given to me by the provider is not a guarantee of coverage. I agree to pay the appropriate copays and deductibles at time of service. I give my permission to the provider to bill my insurance company on my behalf for services rendered if the provider is an in-network provider of my policy at the time of services rendered. I understand that the provider will not send billing statements to insurance policies if he/she is out of network, but that I can request he/she print my statements so I can submit the statements to the insurance company myself. I understand that if my insurance does not cover all or part of any service I receive for any reason that the remaining balance will be my responsibility to pay within 30 days of the services rendered.

Patient Signature

Printed Name

Date Signed/Accepted

Legal Guardian Signature

Printed Name

Date Signed/Accepted