

DENVER DIABETES COUNSELING

Jenna Eisenberg, LMFT
5650 Greenwood Plaza Blvd, Ste 225K
Greenwood Village, CO 80111
720-420-6541
www.denverdiabetescounseling.com

Fee Agreement

I, _____ agree to pay for professional therapy services from Jenna Eisenberg, LMFT and Denver Diabetes Counseling.

I understand that payment is due at the time services are rendered. I understand that I will not be seen if I am unable to pay the fee for services. And, I agree to provide credit card information in the event of a bounced check or other issues with payment, such as delinquent accounts. In addition, I agree that Jenna Eisenberg, LMFT and Denver Diabetes Counseling reserve the right to initiate collection proceedings with an outside agency if a bill remains outstanding and other means of collecting fees have proven to be unsuccessful.

I understand that I may be billed on a prorated basis for any phone calls or other communications over 15 minutes with you or your collateral contacts (\$20.00 per 15 minute increments).

I also agree and understand that Jenna Eisenberg, LMFT reserves the right to increase the \$105.00/hr fee for individual counseling, \$125.00/hr fee for couples or family counseling and \$40.00 fee for each half hour thereafter or an agreed upon sliding scale fee on a semi-annual basis.

Insurance

I understand that Jenna Eisenberg, LMFT only accepts Blue Cross/Blue Shield of Colorado insurance at this time, but, if requested, will provide a receipt for possible reimbursement from a different health insurance company. Furthermore, I understand that Jenna Eisenberg, LMFT, does not guarantee that I will be reimbursed for counseling treatment. I realize that insurance companies are now requiring that services be provided by an approved provider, and it is my responsibility to check with my insurance company for information that is required for reimbursement of counseling services, and to verify that my insurance company will cover psychotherapy services provided by Jenna Eisenberg, LMFT.

Please list all necessary information for reimbursement from insurance company:

I also understand that if Jenna Eisenberg, LMFT is not paid for services by Blue Cross Blue Shield of Colorado, for any reason, that I will be responsible for payment in full. Furthermore, I agree that any copayment or other fees are due at the time services are rendered.

Copay and deductible information:

Cancellation/No Show Policy

I recognize that services provided to me or my family may be terminated if I/we no-show for three consecutive therapy sessions. Patterns of cancelling therapy sessions may be explored in my counseling treatment, and may also be grounds for termination. I further understand and agree that if I fail to show or do not cancel an appointment 24 hours prior to my scheduled appointment time, I will be charged a \$50.00 fee. I further understand that if my insurance is reimbursing me for services, the no-show fee is not billable and therefore will be an out-of-pocket expense.

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Payment of Fees

I understand that I may pay for services with cash, check or credit card. Checks should be made payable to Jenna Eisenberg, LMFT. Checks that are returned for insufficient funds will be assessed a \$20.00 fee, and become due within 10 days of notice. If my check is returned twice or more, I understand that I will have to pay for all future services in cash or credit card. I agree that if I do not make payments in a timely manner and in full, my credit card will be charged for unpaid services.

Sliding Scale

I, _____ understand that the psychotherapy services provided by Jenna Eisenberg, LMFT carry a full fee of \$105.00 for a 50-55 minute hour of individual counseling and \$125.00 for a 50-55 minute hour of couples counseling, and \$40.00 per half hour thereafter. I also understand that Jenna Eisenberg has a limited number of sliding scale fee slots for which I may be eligible. If I would like the possibility of using a sliding scale fee for services provided by Jenna Eisenberg, LMFT, I will discuss it with her before the end of the first session.

ACKNOWLEDGEMENT OF FEE AGREEMENT

A copy of this agreement shall be considered as effective and valid as the original.

I have read and understand the entire fee agreement. I will notify Jenna Eisenberg, LMFT of any changes in the above information, and she will notify me of any impending fee adjustments.

Client Signature

Date

Responsible Party (if client is a minor

Date

Therapist Signature

Date