



Deatrice M. Green, LPC-S, NCC, Registered Play Therapist Supervisor

Aspire to Empower Counseling Services LLC

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PAYMENT POLICY

<u>Service</u>	<u>Self-Pay</u>	<u>Insurer Allowable Charges*</u>				<u>Other</u>
		<u>Aetna</u>	<u>BCBS</u>	<u>Gilsbar</u>	<u>Humana</u>	
Initial Therapy (55 min)	\$130	\$75	\$115	\$78	\$86.04	_____
Ongoing Therapy (55 min)	\$120	\$65 (45 min)	\$98	\$72	\$68.93	_____
Couple/Family Session (90 min)	\$150	\$68	\$86	\$72	\$51.88	_____
EAP Session (45 min)	N/A	\$60	N/A	N/A	\$55.00	_____
Clinical Supervision (60 min)	\$100					

***If using insurance, session fees are based on any copay/coinsurance/deductible amounts as specified by insurer.**

Session fees will be automatically charged at 12pm on the business day prior to your scheduled appointment time. Cancellations must be made before that time and will only be waived for (1) hospitalizations/illnesses verified by a doctor's note or (2) if we are able to rebook your appointment time. Late cancellation/no-show fees for insured clients are the equivalent of insurer's allowable charge and are not reimbursable.

Other services such as phone consultations over 15 minutes or excessive paperwork will incur additional fees to be discussed in advance. Records requests sent via postal mail will be charged \$10. Returned check fees are \$25. Deatrice Green reserves the right to announce fee increases, which upon effective date may become current for all clients. If payment is missed for any reason, sessions may be postponed until payment is rendered.

"I will leave a credit card on file." Last 4 digits of card: _____ Exp Date: _____

"By signing below, I certify that I have read, understand, and agree with this payment policy. I authorize Aspire to Empower Counseling Services LLC to charge my credit card on behalf of Deatrice Green in the event of a missed or late-cancelled appointment or for any ongoing/regular session for which I do not specify an alternate payment method in advance of the payment deadline listed above."

Client's Printed Name: _____

Cardholder's Printed Name: _____

Cardholder's Signature: _____ Date Signed: _____

"I prefer to pay by cash or check and will pay an extra session fee to book sessions."

"By signing below, I certify that I have read, understand, agree with this payment policy and authorize Aspire to Empower Counseling Services LLC to retain my advance payment on behalf of Deatrice Green in the event of a missed or late-cancelled appointment or any ongoing/regular session for which I do not specify an alternate payment method in advance of the payment deadline. Additionally, I understand I must replace the extra session fee promptly in the event that I make use of it, in order to continue booking sessions."

Client's Printed Name: _____

Signature: _____ Date Signed: _____

For Office Use Only: Payment Amount Received: _____ Payment Method: _____