

**Financial Policy**  
**Katie Holtz-Valencia, MS, LCMFT**

Therapy / counseling fees are **\$125** per 50 min session. Full payment is expected at the time services are rendered. Sessions are 50 minutes long, and time beyond will be pro-rated based on your session fee (ex. Fee for 1 ½ hour session at \$120 is \$180). If you are late for your session, your time may be shortened, but you will be charged the full session rate. Acceptable forms of payment are:

**Cash, MasterCard, Visa, Discover, American Express  
or checks payable to Katie Holtz, LLC**

Clients will receive an invoice for any unpaid balance to be paid upon receipt. Non-payment of balances could prohibit continued treatment. Payments are non-refundable. A **\$35.00 charge** will be assessed for all **returned checks**.

\_\_\_\_\_Initial

**No Show / Late Cancellation:** Charges will be assessed on all appointments cancelled without 24 hours notice. **A last minute cancellation or no show will be subject to a full therapy session fee charge.** Please call as soon as possible if you need to re-schedule, so the appointment time can be offered to someone else in need.

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**Out of session contact fees:**

Phone calls (coaching/crisis, not scheduling) – more than 10-15 minutes will be charged a pro-rated hourly session fee for every 15 minutes

Requests for treatment summaries or documentation from the client, physicians, or other third parties - \$100

Court Reports/Testimony: Any court related costs will be charged at \$150/hour, which includes transportation to and from court, any copying of records, time spent preparing, and time testifying. **A minimum of 3 hours (at \$150/hr) will be charged for any court subpoena received, and client will be billed if testimony is cancelled within the same week.**

Offsite consultation: Meeting about client at schools or other sites – Prorated session fee plus \$50 travel time.

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**Out-Of-Network Insurance Benefits:**

Katie Holtz-Valencia, MS, LCMFT is an out-of-network provider with commercial insurance carriers. Many insurance plans allow for out-of-network benefits for mental health. However, these benefits can be at a significantly reduced rate and are subject to deductibles as well as the reasonable and customary charges set by the carrier. Insurance companies also require a qualified mental health diagnosis be given. Please understand that some insurance / managed care companies will not cover relational (marriage or family) therapy unless it is associated with the treatment of another diagnosis. Please call your insurance company to find out what your plan covers and authorizes. Please note that insurance may not pay for extended sessions, and does not pay for report writing, court testimony, phone calls, etc. The client is responsible for payment regardless of insurance coverage.

\_\_\_\_\_Initial

**Payment Responsibility** Please be aware that Katie Holtz-Valencia, MS, LCMFT cannot hold your insurance company responsible for payment of fees. An insurance policy is a contract between you and the insurance company. Katie Holtz-Valencia, MS, LCMFT contracts with you when you consent for treatment, which obligates you to pay for services rendered. Katie Holtz-Valencia, MS, LCMFT will not contest or arbitrate with insurance companies should any conflict arise from filed office visits, including denials for any reason. Any out of network benefits from the carrier will be payable to you the subscriber as reimbursement for the session fee you pay at the time of service. I understand

that I am responsible for satisfying any pre-certification requirements of my insurance. I further understand that I have complete responsibility for any penalties, denials, and disputes of non-payment for services by my insurance/managed care company. Insurance benefits are not guaranteed until claims have been processed. This office, Katie Holtz-Valencia, MS, LCMFT does not accept insurance payment as payment in full and does not accept partial payment in anticipation of commercial insurance benefits. **All services are paid in full on the date of service.**

I authorize the release of all records generated as a result of my treatment at this office as requested by the insurance company. These records may be released to any organization, insurance or managed care company that may require records in order to process claims related to treatment services. Therefore medical information and privacy is limited. Katie Holtz-Valencia, MS, LCMFT has the option of using legal means or collection agency to secure payments. This requires release of names, addresses, phone numbers, and financial information to these agencies. Your signature gives your consent for information to be released for collection purposes, and you will be responsible for additional collection costs and legal fees. I realize I may request a copy of this agreement.

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

**My signature indicates I understand and accept these financial policies.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Therapist will send me an invoice and notify me of all charges. I authorize paperless invoices to be sent to my email address, understanding the risk to confidentiality in all electronic communication.

\_\_\_\_\_  
Email Address

I agree to keep my credit / debit card on file and would like to provide preauthorization to charge session and/or no-show/late cancellation fees with the card below.

\_\_\_\_\_ Initials

**Circle appropriate Credit / Debit Card Information**

VISA

MC

Discover

American Express

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CSC # security code (3 digit for MC/VISA/Discover on back of card) (4 digit for AmExp on front) \_\_\_\_\_

Billing address zip code: \_\_\_\_\_

\_\_\_\_\_  
Card Holder Signature