

**FEE POLICIES**

**Family Solutions Services, Inc.**

1217 Hwy 10 W., P.O. Box 258, Orange City, IA 51041  
Ph: 712-707-9222 Fax: 712-707-9220

505 5<sup>th</sup> St. #510, Sioux City, IA 51101  
Ph: 712-258-4553 Fax: 712-258-4773

**NAME OF CLIENT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**FEE POLICIES FOR BEHAVIORAL HEALTH SERVICES:**

Individual Therapy Sessions are based on the 50 minute hour.

- \$150.00 Initial Intake/Diagnostic Interview
- \$120.00 Individual Psychotherapy
- \$120.00 Family Couples Therapy

**PRIVATE PAY FEE:**

Your fee based on income will be \$\_\_\_\_\_ per hour. Payment is due at the time service is rendered.

**MISSED APPOINTMENTS POLICY:**

- Appointments are scheduled in advance so your therapists can prepare and make the best use of your therapy time.
- When you cannot attend a scheduled session, you must call no later than 24 hrs in advance of your appointment and cancel/reschedule.
- Appointments that you miss without calling ahead to cancel or miss altogether are very inconvenient and costly. Barring illness or other emergencies, appointments that are not cancelled appropriately may be billed at the full hourly charge.
- Charges for missed or late cancelled appointments CANNOT be billed to your insurance carrier and must be paid by you.
- Your cooperation and consideration in the matter is very much appreciated.

**OFFICE HOURS:**

Monday - Friday 9:00 am - 5:00 pm

After hour appointments and/or evening appointments are made available to clients on an as needed basis.

**INSURANCE INFORMATION:**

Insurance card MUST be presented to front desk at first visit.

- It is the patient/guardian's responsibility to notify us of any changes to your insurance coverage.
- All co-pays are required on the date of service and prior to your session.
- Please be advised that it is the patient/guardian's responsibility to know and inform us if:
  1. Any precertification and/or referral requirements.
  2. If your insurance plan DOES NOT provide mental health benefits, we must look to you for payment.

**I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS SET FORTH**

\_\_\_\_\_  
Responsible parties signature

\_\_\_\_\_  
Date