



Lea Leonard, LCSW, BCN
(239) 287-0810

FEE POLICY AND AGREEMENT

Lea Leonard, LCSW, BCN at Wings of Change is committed to providing the most effective and efficient social work treatment and services possible. To do so, it is important that you understand the fee policy and the reasoning behind it.

Payment Schedule

Payment is due at the time services are rendered, unless other arrangements have been approved in advance by Lea Leonard, LCSW, BCN. By having you pay at each session, this eliminates the need to bill you. This helps keep this office's costs as low as possible, prevents the accumulation of large debts on your part, and avoids possible risks to your privacy that occur when invoices for service are mailed to you.

You are encouraged to contact this office immediately for assistance if temporary financial problems affect the timely payment of your account.

Insurance Procedures

Services provided in this private practice office will be considered out of network and any insurance reimbursement should be sent directly to your address. You will be provided with a Superbill that includes the procedure code as well as the diagnosis code needed by your insurance company. It is your responsibility to contact your insurance company to determine the services you will be responsible for.

Payment Methods

We accept cash, money orders and personal checks. Returned checks will be subject to a \$20.00 charge, which will be added to your bill. Balances older than 60 days will be subject to interest charges of 5% per month. Unpaid balances older than 90 days and in excess of \$150.00 will be the basis for terminating service. In this unfortunate event, we will make every effort to help you locate alternative affordable care; however, we will be unable to continue to work with you in the face of financial default.

(If applicable, also note that the law allows the referral of unpaid bills to a collection agency or the utilization of small-claims court procedures. Note that this is not the preferred course of action, but may become necessary if the problem of a delinquent account cannot be resolved otherwise.)

Charges for Late and Canceled Appointments

This office requires 24 hours' advance notification if you are not able to keep a scheduled appointment. This notice permits us to offer that time to someone else. If you have given 24 hours' notice, you will not be charged for the appointment. However, if you break your appointment and do not call this office within 24 hours, you may be charged for the session.

We understand that there may be occasional emergencies when you will not be able to keep your appointment and also will not be able to notify us within 24 hours. We will take these circumstances into account.

If you are late for your appointment without 24 hours' notice, you will be seen for the balance of your time but charged for a full session. If you provide 24 hours' notice of an expected late arrival, your fee will be prorated.

Charges for Home Visits, Telephone Contacts Emergency Appointments, and Collateral Contacts

Occasionally, it is advisable for a session to be held in your home. Our out-of-office fee is \$150.00 per hour, from our office door back to our office door. Thus, a one-hour home visit and travel time of 30 minutes each way would result in a charge of two hours.

Brief telephone calls in which you advise us of a schedule change or ask for a specific piece of information are encouraged. If the duration of the call is less than ten minutes, you will not be charged. If the situation requires telephone consultation that exceeds 10 minutes, there will be a charge of \$30.00 for each 15-minute segment or partial 15-minute segment of the telephone contact.

If your need is more urgent and complex and it cannot be postponed until a scheduled appointment, an immediate emergency appointment will be arranged and billed at the usual fee.

If, with your permission, we contact other people on your behalf—such as family members, teachers, or other health care professionals—and consult with them in person or by telephone, then the above fees for scheduled in-office and out-of-office sessions, as well as telephone contacts, will apply.

Questions

If you have any questions about the financial policy of this office, please ask us for assistance.

FEE AGREEMENT

By signing below I am indicating that I have read the above statements on fees and payment policies. I have discussed these conditions with my social worker and have had the opportunity to ask any questions I have had. My questions have been answered to my satisfaction. I understand and agree to meet my financial responsibilities in receiving treatment and services in this practice setting.

I agree to

_____ remit to *Lea Leonard, LCSW, BCN* at the beginning of each 50 minute session a fee of \$_____.

_____ remit to *Lea Leonard, LCSW, BCN* at the beginning of each 80 minute session a fee of \$_____.

_____ remit to *Lea Leonard, LCSW, BCN* at the beginning of each 50 minute Neurofeedback session a fee of \$_____.

CLIENT NAME (PLEASE PRINT) _____

SIGNATURE _____

DATE _____

NAME OF LEGALLY RESPONSIBLE PARENT OR GUARDIAN (WHERE REQUIRED)

SIGNATURE _____

DATE _____

NAME AND TITLE OF WITNESS _____

SIGNATURE _____

DATE _____