

# Cost and Fees Policy for Therapy Private Practice

## Jackson Ilyas Therapy Solutions Private Practice

Effective Date: January 1, 2023

Last Review Date: January 10, 2025

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### 1. Introduction

At **Jackson Ilyas Therapy Solutions Private Practice**, we are committed to providing high-quality therapy services while maintaining transparency and fairness regarding costs and fees. This **Cost and Fees Policy** outlines the fees associated with therapy services, payment expectations, and billing procedures to ensure that clients fully understand their financial obligations and have clear communication about costs.

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### 2. Services and Fees

The fees for therapy services are based on the type and duration of the service provided. Below are the standard fees for common services offered:

#### 2.1 Individual Therapy Sessions

- **Standard Session (50-60 minutes):** \$150.00.
- **Extended Session (90 minutes):** \$200.00.

#### 2.2 Couples Therapy Sessions

- **Standard Session (50-60 minutes):** \$200.00.
- **Extended Session (90 minutes):** \$250.00.

#### 2.3 Family Therapy Sessions

- **Standard Session (50-60 minutes):** \$200.00.
- **Extended Session (90 minutes):** \$250.00.

#### 2.4 Evaluation/Assessment

- **Initial Assessment (90 minutes):** \$175.00.
- **Follow-up Assessments:** \$150.00

#### 2.5 Other Services

- **Phone Consultation (up to 15 minutes):** no cost.

- **Email Correspondence:** \$[Insert Amount per email, if applicable]

**Note:** Fees are subject to change and will be communicated in advance. Clients will be notified of any changes to fees, and a revised **Cost and Fees Policy** will be provided.

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### 3. Payment Terms and Methods

#### 3.1 Payment Due at the Time of Service

- Payment for therapy services is due at the time of service unless prior arrangements have been made. Clients should be prepared to pay for each session at the time it is provided.

#### 3.2 Accepted Payment Methods

- **Credit or Debit Card:** Visa, MasterCard, American Express, Discover
- **Cash:** Payments in cash are accepted if discussed in advance.
- **Checks:** Personal checks may be accepted if agreed upon before the session.
- **Health Savings Account (HSA) or Flexible Spending Account (FSA):** These forms of payment are accepted for therapy services. Please check with your insurance provider to ensure coverage.

#### 3.3 Online Payment

- Clients may also pay through the practice's secure online payment system (e.g., PayPal, Stripe) or via a secure payment link that will be provided after the session.
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### 4. Insurance and Billing

#### 4.1 Insurance Billing

- **Jackson Ilyas Therapy Solutions Private Practice** does **not** directly bill insurance companies.
- Clients are responsible for checking with their insurance provider to determine eligibility, coverage, and reimbursement rates for therapy services.

#### 4.2 Superbill

- Upon request, the therapist can provide a **superbill** (a detailed statement including therapy dates, services rendered, and the therapist's credentials) for clients to submit to their insurance company.

- The therapist is not responsible for determining insurance reimbursement or handling claims. Clients should contact their insurance company directly for further information about reimbursements and claim submission.

### **4.3 Sliding Scale Fees**

- **Sliding Scale** fees may be available on a limited basis for clients who demonstrate financial need. Clients wishing to request a sliding scale fee must discuss their financial situation with the therapist prior to starting therapy.
  - Sliding scale fees are based on income and financial need and may not always be available. Clients will be notified if a sliding scale fee is offered and the terms associated with it.
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## **5. Cancellations and Missed Appointments**

### **5.1 Cancellation Policy**

- **24-Hour Notice:** Clients are required to provide at least **24 hours' notice** if they need to cancel or reschedule an appointment. Cancellations can be made via phone, email, or text message.
- If the client cancels or reschedules with less than 24 hours' notice, they will be charged a \$75 flat fee.

### **5.2 No-Show Policy**

- If a client does not show up for a scheduled appointment without prior notification (no-show), they will be charged a \$75 flat fee rate.

### **5.3 Exceptions**

- Emergency situations and unavoidable circumstances (e.g., illness, family emergency) may be considered on a case-by-case basis. Clients should communicate any such situations as soon as possible.
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## **6. Late Fees**

### **6.1 Late Payments**

- Payment for services is expected at the time of the session. If payment is not received at that time, clients will be sent a reminder.
- As of January 10, 2025 there are no late fee assessments.

## 6.2 Unpaid Balances

- Clients with unpaid balances older than **30 days** may be referred to a collection agency or legal action may be pursued if payment is not made.
  - Clients will be notified of any actions taken regarding unpaid balances.
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## 7. Financial Hardship and Special Circumstances

If a client is experiencing financial hardship or difficulty in paying the full session fee, the therapist encourages them to discuss their situation. While the practice may not be able to adjust fees in every situation, flexibility can sometimes be arranged, such as:

- Sliding scale adjustments (if available).
- Payment plans for clients needing extended payment terms.

**Note:** It is essential for clients to communicate openly and honestly with the therapist about their financial situation to ensure that appropriate arrangements can be made.

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## 8. Confidentiality and Billing Records

- All payment records and billing information will be kept confidential in accordance with **Jackson ILYas Therapy Solutions Private Practice's Confidentiality Policy**.
  - Clients have the right to request a copy of their billing records or invoices at any time.
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## 9. Acknowledgment of Cost and Fees Policy

By signing below, the client acknowledges that they have read, understood, and agreed to the **Cost and Fees Policy** of **Jackson ILYas Therapy Solutions Private Practice**. The client understands the payment terms, cancellation fees, insurance billing practices, and other financial policies related to therapy services.

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**Client's Name:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Therapist's Name:** \_\_\_\_\_

**Therapist's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## **Conclusion**

The **Cost and Fees Policy** at **Jackson Ilyas Therapy Solutions Private Practice** is designed to create transparency, ensure mutual understanding of financial expectations, and maintain a professional environment for both clients and the therapist. We strive to provide high-quality therapy services while being fair, respectful, and transparent about costs. Please do not hesitate to contact the office with any questions or concerns regarding billing or payment procedures.