JESSA ZIMMERMAN MA

FEE SCALE

Appointments are either 50 minutes or 80 minutes long and are billed at the rate of:

Counseling sessions: $185 for 50 minutes, $300 for 80 minutes

Any work pertaining to legal proceedings: $450 per hour

Rates are subject to change; they are evaluated periodically and may be adjusted up to 10%.

Sessions end on time, even if we are in the middle of something. This allows me to be on time for all of my clients. Emergency and professional consultation telephone sessions are billed at the same rate, in quarter hour segments, after the first 5 minutes.

Cancellation: You are asked to cancel any appointment at least 48 hours in advance. The full session fee will be charged for missed appointments and cancellations with less than 48 hour notice. Exceptions may be made, at my discretion, for emergencies.

Delinquent Payment: You are responsible for your account and are expected to pay for all services you receive.

Insurance: I do not take insurance directly. Keep in mind that most insurance does not cover couples counseling (a "V code" diagnosis of relational distress). If one of you has a medical diagnosis (anxiety or depression, for example) AND therapy is aimed at treating that condition and enhanced by working with the partner, insurance may cover the services. In that case, I can provide the receipt you would need for out of network reimbursement for our work together. Please ask me if you would like a receipt.It is up to you to check with your insurance plan about possible reimbursement for out of network services. If your company requests more information than is provided on the receipt, I will provide a brief summary of treatment and an explanation of why further treatment would be beneficial; I will not provide a treatment plan or therapy notes. You retain ultimate responsibility for payment for services if your insurance company decides that this documentation does not meet their requirements for coverage of your treatment.

This contract is exclusively with Jessa Zimmerman, MA. My work with you is as an independent practitioner and not in affiliation with any group practice, or other practitioner in this, or any other, building. Individual mental health practitioners assume no liability or responsibility for any other practitioner or group working in this office or building.

I (we) agree to pay the fees as listed above per psychotherapy session with Jessa Zimmerman, MA.

Having read the above contract, I understand my responsibilities for payment. My (our) signature(s) confirms acceptance of the above items and constitutes informed consent for psychotherapy without exception.

_____	_____	_____
Name (Print)	Client Signature	Date
_____	_____	_____
Name (Print)	Client Signature	Date