

Resilience Counseling, LLC

Cara McCarty, MA, LPC

5929 N May Ave, Suite 411 ♦ Oklahoma City, OK 73112 ♦ (405) 760-7078

Fee Agreement

I understand that confidential information may be released to an insurance company, collection agency, or other third party in efforts to collect payment. Only the information required to obtain payment will be released. Final responsibility for all fees incurred and any unpaid balance remains with the client or guardian. Any outstanding balance will accrue interest at a rate of 5% per month, which will then be added to the principal balance. I understand that Resilience Counseling, LLC reserves the right to execute any and all collection methods and legal remedies associated with any unpaid balance. I also understand that Resilience Counseling, LLC may seek court costs and attorney's fees or other appropriate remedies for any third party services required to collect an outstanding balance. (Please check one & initial the space provided.)

_____ I, personally, will be paying for all services and fees incurred at Resilience Counseling. Therefore, I request no confidential information be provided to my insurance carrier or any other individual or entity for payment.

_____ Insurance will be paying for services provided to me. I give Resilience Counseling, LLC permission to disclose to this individual or entity only the information necessary to execute billing, collection, and other payment functions (i.e., dates of service, services provided, etc.).

Insurance : _____

Subscriber Name: _____ **DOB:** _____

ID #: _____

Group #: _____

Fee Schedule

Individual or Family Therapy (50-minute session)	\$120 per session
Missed Appointment Fee	\$120 per session
Sliding Scale Fee	\$ _____ per session _____ (Cara McCarty, MA, LPC)

- If my therapist is subpoenaed or court ordered to testify or provide a report, I understand these services will be billed as 'Forensic/Court-Related Services' at a rate of \$225 per hour. Fees will be inclusive of all time and travel, including preparation, depositions, and discussions with the parties and/or the attorneys. **An advance retainer will be required** before any court appearance or court service is performed and will be based on an estimate of the number of hours required. **Insurance cannot be billed for any court appearance or court service.** _____ (initial)
- I understand I am required to give 24 hours notice if I am unable to keep a scheduled appointment. **If I do not provide 24 hours notice, I will incur a 'Missed Appointment Fee.'** This fee will be charged to my credit card on file on the same business day as my scheduled appointment. **(Please see cancellation policy.)**
_____ (initial)
- I understand that if I choose to use a credit/debit card to pay for my session, a charge of 2.75% (swipe) or 3.5% (manual) will be added to my total. _____ (initial)

I have reviewed, understand, and am in agreement with all of the above terms.

Signature of Client/Guardian (date)