

EARLY CHILDHOOD *Wellness place*

Blair Skinner, MS, LMFT

520 Zang Street Ste 212; Broomfield, CO 80021

(720) 980-4034

Fee Schedule and Scheduling Contract

_____ Payment for services is an important part of any professional relationship. Co-payments and fees must be paid at the time of each session. Please feel free to discuss any questions or concerns you have regarding our fee agreement with me at any time. **Sessions must be cancelled with 24-hour notice to my voice mail (above) or email at: blair@blairskinner.com.** You will be charged \$50 for missing a session, or canceling less than 24-hours in advance.

Intake appointment	\$150
Ongoing therapy services	\$125 per therapeutic hour (45-50 minutes)

Providing comprehensive service to you and your family is important to me, and sometimes requires work above and beyond the therapy hour. This could include phone calls or consultations with outside providers, letters written at your request, and court testimony. Fees for these services are listed below. Insurance typically does not cover these services.

Additional Services	Fees
School visits, attending meetings at your request (including travel)	\$125 per hour
Legal work (including preparation and travel)	\$300 per hour
Letter writing	\$125 per hour

_____ ***While there is no charge for phone calls or e-mails to check-in briefly or to discuss scheduling, phone calls or e-mails requiring review or response taking 10 minutes or more will be billed as follows:***

Phone calls/e-mails (over 10 minutes)	\$125 per hour
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I, the undersigned, agree to a fee of _____ per session, or if I am using my insurance, I agree to pay a co-pay of _____. Client fees not paid in a timely manner will be forwarded to collections, and I will be responsible for any collection fees incurred. Checks returned for insufficient funds will be charged a \$30 processing fee. If preauthorization is required by insurance, it is my responsibility to obtain this. Should my insurance company fail to pay for services, I will be responsible for fees incurred at the above rates.

My signature below indicates my agreement to pay all fees as outlined by this contract.

Signature of client/parent/guarantor

Date

Printed name of client/parent/guarantor

Date

_____ Because my practice is comprised entirely of children, scheduling during the school year can be difficult. Rather than a scheduling practice where some clients monopolize all of the after school/evening time slots, I ask every family to come 1-2 times per month during the day (before 2PM) so that no family must pull their child out of school early (or leave work early) all the time. **I do not have availability for families to only come during the evening hours.** I do my best to be flexible and try to schedule kids to minimize missed school time. In my experience schools and teachers are very understanding if they know that children are receiving therapy. I can provide a letter with the date and time of appointments for school attendance offices. Thank you for your understanding.