

~ Maya Klein Psychology, PC ~

1133 NW 21st Ave., Suite 300
Portland, OR 97209

PH: 503.244.7674/ FAX: 877.991.2947
drklein@drmayaklein.com

Fee and Financial Agreement

Standard Fees: Intake/Initial Session, per 45-minute session: \$180
Individual Psychotherapy, per 45-minute session: \$160
Individual Psychotherapy, per 60-minute session: \$180
Psychological Testing/Evaluation, per hour: \$210-\$240

OR

Fees required by your insurance plan including deductibles/copays

I acknowledge and understand that I am responsible for all of the charges for all of the services rendered to me or any member of my family where I am listed as the responsible party. I hereby agree to pay as services are provided. If for any reason there is a balance due on my account, I agree to pay promptly upon receipt of the monthly statement. If I am paying a reduced fee, I understand that my fee is subject to periodic review, particularly if my financial situation changes.

I understand that if I am using insurance my insurance claims will be sent electronically. Maya Klein Psychology, PC will direct the insurance claim to my insurance company electronically where any insurance company staff assigned to review claims will review it. I understand that my insurance company will obtain information listed on the insurance claim about my diagnosis and the dates of my mental health treatment sessions. By my signature below, and as recorded on the HIPAA consent form, I am giving Maya Klein Psychology, PC permission to release all data necessary to my insurance company to determine eligibility and to process my insurance claim electronically. I realize that my insurance company may choose to make this information available to other entities, including other insurance companies.

I authorize that payment of mental health benefits be made to Maya Klein Psychology, PC. I agree to be responsible for any charges not covered by my health insurance, including deductibles. It is my responsibility to understand the details of my own coverage prior to coming in.

I understand that my health insurance cannot be billed for missed appointments. I agree to pay my full session fee for appointments missed without providing **2 days notice**. Some medical emergencies are excepted. General sickness or some stressful matters (ex: car trouble, scheduling problems, and more) are not considered emergencies. I agree to pay my session fee for appointments missed for reasons that are non-emergency matters.

*If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Maya Klein Psychology, PC has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release is the patients name and identifying information, a list of the services provided, and the amount due. If such legal action is necessary, its cost will be included in the claim.

*I charge my full fee/hour for other professional services such as report writing, telephone conversations longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, etc.