

Updated Financial and Attendance Policies for Lana Isaacson, LLC

(Version 10-1-2019)

Lana Isaacson, LCSW, CAC III,
Certificate in Marriage & Family Therapy

1. FEE SCHEDULE & HOURS:

a.) Therapy Services	Individual	Couple	Family
Day 7AM-5PM (Individual therapy hours: 7 AM -5 PM)	50 Minute Session = \$100 1st Session/60 Minutes = \$125	90 Minutes = \$180 1st session/2 Hours = \$250 3 Hours = \$375	60 Minute Session = \$125 1st Session/90 Minutes = \$180 2 Hours = \$250
Evening: 5PM-9PM (8PM sessions are not available, only 7-8:30 or 7-9 PM)	Available if couples and families have not scheduled an evening session. Same Price as Day	Same Price as Day	Same Price as Day

b.) For **extended session time**, there is a fee of \$30.00 per 15 minutes between 7 AM-5 PM.

c.) For **any telephone calls, except for telephone calls related to scheduling of appointments**, there is a fee of \$40.00 per 10 minutes (rounded up to the next 10 minutes), which needs to be paid in advance via Paypal or will be charged to your credit card on file at the beginning of the call.

d.) For **any written documents** (ex. Progress reports or other professional letters), I charge a minimum of \$50.00 for up to 30 minutes of my time & \$25 for every 15 minutes after.

2. DISCOUNTS:

- Package deals: If clients pay for 2 sessions at a time, they can receive a 10% discounted rate. If clients pay for 4 sessions at a time, they can receive a 20% discounted rate.
- Free couples sessions: There may be opportunities to receive a free couples therapy session in exchange of providing a live or filmed session for **educational** purposes only (for a university class or workshop presentation). Couples can decide after the filming if they are willing to share the film. Students and other professionals must sign a **confidentiality** agreement and couples sign a release of information form. This is a common and invaluable teaching method for MFT's.
- Group workshops for couples are offered at a highly discounted rate.

3. INSURANCE COVERAGE- I am out of insurance networks. I can give you a monthly receipt to submit to your insurance provider for reimbursement. You can find out your out of network reimbursement rate by contacting your insurance provider. All clients will be expected to pay the full fee at the time of service.

4. ATTENDANCE & CANCELLATION POLICY

- a.) **Please bring a calendar** so that you can make a note of your next session's date and time. I schedule your next session at the end of your current session or you can book on-line through Acuity, my on-line scheduler, which has a link on: lanaisaacson.com
- b.) **To cancel or reschedule a session without penalty** you must provide at least the following notice: **1 day (24 hours) PRIOR TO** your session.
- c.) You cannot substitute an individual session for a couples session (unless we're solely doing parenting work).
- d.) In the event that a **Late Cancellation or No Show** charge is due, you hereby authorize me to charge your credit card on file for the full amount due.
- e.) True emergencies (events you could *not* have planned for in advance ex. illness, snow storm, etc.) will not be charged. Workplace demands are not included as true emergencies.

5. FORMS OF PAYMENT

- a.) Acceptable forms of payment: cash, credit cards with Square, & Paypal on-line prior to your session. No checks are accepted.
- b.) Payment is DUE PRIOR (Paypal) to or at the time of service- no exceptions.

CLIENT'S AGREEMENT: I agree to pay the fees listed in this document. **By signing below you acknowledge that you have read, understand, and agree to the provisions and disclosures contained in this Supplementary Disclosure Statement; that you have received a copy of this Supplementary Disclosure Statement; that the information has been presented to you verbally; and that you acknowledge your understanding that results of therapy cannot be guaranteed and that, no warranty is given, implied or expressed.**

Print Client's Name

Print Client's Name

Client signature or signature of responsible party

Client signature or signature of responsible party

Date

Date