**Cynthia L. Meeske, LICSW**

**Red Phoenix Healing LLC**

**(located at The Balanced Path Wellness Center)**

**89 Main St., Suite 304**

**Medway, MA 02053**

**774-573-1644**

**Payments & Procedures**

Fees:

Initial Diagnostic Assessment: $180

Individual Psychotherapy (60 min): $150

Individual Psychotherapy (45 min): $120

Individual Psychotherapy (30 min): $70

Family therapy: $130

Payment:

The above fees apply to anyone paying directly for services. I do take many insurance plans and will bill your insurance directly if I am within your network. **You are responsible for checking prior to the time of your first visit to ensure that I am in your network.** Payment is required in full at the time of the session unless other arrangements have been arranged and agreed upon by both parties. This includes copays, deductible payments, and out of pocket charges. If fees accumulate over more than one session, additional sessions will not be held until the balance is paid. Acceptable forms of payment are cash, personal check, credit card, or Paypal. **Checks should be made out to: *Red Phoenix Healing LLC.***

If you are intending to request reimbursement from your insurance company for my services as an “out-of-network provider”, I will provide you with an Insurance Reimbursement Request Form (IRRF). In this event, payment is still required in full at the time of the session and your insurance company will reimburse you directly. There is no guarantee, however, that you will receive this reimbursement as each company makes these determinations on a case-by-case basis. Signing this form acknowledges your understanding that you are ultimately responsible for payment and it is your responsibility to communicate with your insurance company regarding reimbursement.

Cancellations:

You are expected to appear for all scheduled appointments**. I require a minimum of 24 hours notice to cancel an appointment.** **A fee of $30 will be applied for any visit that is cancelled with less than 24 hours notice.**

*I hereby acknowledge that I have read and accept the above fees and conditions.*

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Client Signature Date